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THE AMERICAN PSYCHOLOGIST

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PERSONS OR SCIENCE? A PHILOSOPHICAL QUESTION¹

CARL R. ROGERS

University of Chicago

THIS is a highly personal document, written primarily for myself, to clarify an issue which has become increasingly puzzling. It will be of interest to others only to the extent that the issue exists for them. I shall therefore describe first something of the way in which the paper grew.

As I have acquired experience as a therapist, carrying on the exciting, rewarding experience of psychotherapy, and as I have worked as a scientific investigator to ferret out some of the truth about therapy, I have become increasingly conscious of the gap between these two roles. The better therapist I have become (as I believe I have), the more I have been vaguely aware of my complete subjectivity when I am at my best in this function. And as I have become a better investigator, more "hard-headed" and more scientific (as I believe I have) I have felt an increasing discomfort at the distance between the rigorous objectivity of myself as scientist and the almost mystical subjectivity of myself as therapist. This paper is the result.

What I did first was to let myself go as therapist, and describe, as well as I could do in a brief space, what is the essential nature of psychotherapy as I have lived it with many clients. I would stress the fact that this is a very fluid and personal formulation, and that if it were written by another person, or if it were written by me two years ago, or two years hence, it would be different in some respects. Then I let myself go as scientist—as tough-minded fact-finder in this psychological realm—and endeavored to picture the meaning which science can give to therapy. Following this I carried on the debate which existed in me, raising the questions which each point of view legitimately asks the other.

When I had carried my efforts this far I found that I had only sharpened the conflict. The two points of view seemed more than ever irreconcilable. I discussed the material with a seminar of

faculty and students, and found their comments very helpful. During the following year I continued to mull over the problem until I began to feel an integration of the two views arising in me. More than a year after the first sections were written I tried to express this tentative and perhaps temporary integration in words.

Thus the reader who cares to follow my struggles in this matter will find that it has quite unconsciously assumed a dramatic form—all of the *dramatis personæ* being contained within myself; First Protagonist, Second Protagonist, The Conflict, and finally, The Resolution. Without more ado let me introduce the first protagonist, myself as therapist, portraying as well as I can, what the *experience* of therapy seems to be.

THE ESSENCE OF THERAPY IN TERMS OF ITS EXPERIENCE

I launch myself into the therapeutic relationship having a hypothesis, or a faith, that my liking, my confidence, and my understanding of the other person's inner world, will lead to a significant process of becoming. I enter the relationship not as a scientist, not as a physician who can accurately diagnose and cure, but as a person, entering into a personal relationship. Insofar as I see him only as an object, the client will tend to become only an object.

I risk myself, because if, as the relationship deepens, what develops is a failure, a regression, a repudiation of me and the relationship by the client, then I sense that I will lose myself, or a part of myself. At times this risk is very real, and is very keenly experienced.

I let myself go into the immediacy of the relationship where it is my total organism which takes over and is sensitive to the relationship, not simply my consciousness. I am not consciously responding in a planful or analytic way, but simply in an unreflective way to the other individual, my reaction being based (but not consciously) on my total

¹ Also published in *Cross Currents: A Quarterly Review*, 1953, 3, 289-306.

organismic sensitivity to this other person. I live the relationship on this basis.

The essence of some of the deepest parts of therapy seems to be a unity of experiencing. The client is freely able to experience his feeling in its complete intensity, as a "pure culture," without intellectual inhibitions or cautions, without having it bounded by knowledge of contradictory feelings; and I am able with equal freedom to experience my understanding of this feeling, without any conscious thought about it, without any apprehension or concern as to where this will lead, without any type of diagnostic or analytic thinking, without any cognitive or emotional barriers to a complete "letting go" in understanding. When there is this complete unity, singleness, fullness of experiencing in the relationship, then it acquires the "out-of-this-world" quality which many therapists have remarked upon, a sort of trance-like feeling in the relationship from which both the client and I emerge at the end of the hour, as if from a deep well or tunnel. In these moments there is, to borrow Buber's phrase, a real "I-Thou" relationship, a timeless living in the experience which is *between* the client and me. It is at the opposite pole from seeing the client, or myself, as an object. It is the height of personal subjectivity.

I am often aware of the fact that I do not *know*, cognitively, where this immediate relationship is leading. It is as though both I and the client, often fearfully, let ourselves slip into the stream of becoming, a stream or process which carries us along. It is the fact that the therapist has let himself float in this stream of experience, or life previously, and found it rewarding, that makes him each time less fearful of taking the plunge. It is my confidence that makes it easier for the client to embark also, a little bit at a time. It often seems as though this stream of experience leads to some goal. Probably the truer statement, however, is that its rewarding character lies within the process itself, and that its major reward is that it enables both the client and me, later, independently, to let ourselves go in the process of becoming.

As to the client, as therapy proceeds, he finds that he is daring to become himself, in spite of all the dread consequences which he is sure will befall him if he permits himself to become himself. What does this becoming one's self mean? It appears to mean less fear of the organic, nonreflective re-

actions which one has, a gradual growth of trust in and even affection for the complex, varied, rich assortment of feelings and tendencies which exist in one at the organic or organismic level. Consciousness, instead of being the watchman over a dangerous and unpredictable lot of impulses, of which few can be permitted to see the light of day, becomes the comfortable inhabitant of a richly varied society of impulses and feelings and thoughts, which prove to be very satisfactorily self-governing when not fearfully or authoritatively guarded.

Involved in this process of becoming himself is a profound experience of personal choice. He realizes that he can choose to continue to hide behind a facade, or that he can take the risks involved in being himself; that he is a free agent who has it within his power to destroy another, or himself, and also the power to enhance himself and others. Faced with this naked reality of decision, he chooses to move in the direction of being himself.

But being himself doesn't "solve problems." It simply opens up a new way of living in which there is more depth and more height in the experience of his feelings, more breadth and more range. He feels more unique and hence more alone, but he is so much more real that his relationships with others lose their artificial quality, become deeper, more satisfying, and draw more of the realness of the other person into the relationship.

Another way of looking at this process, this relationship, is that it is a learning by the client (and by the therapist, to a lesser extent). But it is a strange type of learning. Almost never is the learning notable by its complexity, and at its deepest the learnings never seem to fit well into verbal symbols. Often the learnings take such simple forms as "I am different from others"; "I do feel hatred for him"; "I am fearful of feeling dependent"; "I do feel sorry for myself"; "I am self-centered"; "I do have tender and loving feelings"; "I could be what I want to be"; etc. But in spite of their seeming simplicity these learnings are vastly significant in some new way which is very difficult to define. We can think of it in various ways. They are self-appropriated learnings, for one thing, based somehow in experience, not in symbols. They are analogous to the learning of the child who knows that "two and two make four" and who one day playing with two objects and two ob-

jects, suddenly realizes in *experience* a totally new learning, that "two and two *do* make four."

Another manner of understanding these learnings is that they are a belated attempt to match symbols with meanings in the world of feelings, an undertaking long since achieved in the cognitive realm. Intellectually, we match carefully the symbol we select with the meaning which an experience has for us. Thus I say something happened "gradually," having quickly (and largely unconsciously) reviewed such terms as "slowly," "imperceptibly," "step-by-step," etc., and rejected them as not carrying the precise shade of meaning of the experience. But in the realm of feelings, we have never learned to attach symbols to experience with any accuracy of meaning. This something which I feel welling up in myself, in the safety of an acceptant relationship—what is it? Is it sadness, is it anger, is it regret, is it sorrow for myself, is it anger at lost opportunities—I stumble around trying out a wide range of symbols, until one "fits," "feels right," seems really to match the organismic experience. In doing this type of thing the client discovers that he has to learn the language of feeling and emotion as if he were an infant learning to speak; often, even worse, he finds he must unlearn a false language before learning the true one.

Let us try still one more way of defining this type of learning, this time by describing what it is not. It is a type of learning which cannot be taught. The essence of it is the aspect of self-discovery. With "knowledge" as we are accustomed to think of it, one person can teach it to another, providing each has adequate motivation and ability. But in the significant learning which takes place in therapy, one person *cannot* teach another. The teaching would destroy the learning. Thus I might teach a client that it is safe for him to be himself, that freely to realize his feelings is not dangerous, etc. The more he learned this, the less he would have learned it in the significant, experiential, self-appropriating way. Kierkegaard regards this latter type of learning as true subjectivity, and makes the valid point that there can be no direct communication of it, or even about it. The most that one person can do to further it in another is to create certain conditions which make this type of learning *possible*. It cannot be compelled.

A final way of trying to describe this learning is that the client gradually learns to symbolize a total

and unified state, in which the state of the organism, in experience, feeling, and cognition may all be described in one unified way. To make the matter even more vague and unsatisfactory, it seems quite unnecessary that this symbolization should be expressed. It usually does occur, because the client wishes to communicate at least a portion of himself to the therapist, but it is probably not essential. The only necessary aspect is the inward realization of the total, unified, immediate, "at-this-instant," state of the organism which is me. For example, to realize fully that at this moment the oneness in me is simply that "I am deeply frightened at the possibility of becoming something different" is of the essence of therapy. The client who realizes this will be quite certain to recognize and realize this state of his being when it recurs in somewhat similar form. He will also, in all probability, recognize and realize more fully some of the other existential feelings which occur in him. Thus he will be moving toward a state in which he is more truly himself. He will *be*, in more unified fashion, what he organismically *is*, and this seems to be the essence of therapy.

THE ESSENCE OF THERAPY IN TERMS OF SCIENCE

I shall now let the second protagonist, myself as scientist, take over and give his view of this same field.

In approaching the complex phenomena of therapy with the logic and methods of science, the aim is to work toward an *understanding* of the phenomena. In science this means an objective knowledge of events and of functional relationships between events. Science may also give the possibility of increased prediction of and control over these events, but this is not a necessary outcome of scientific endeavor. If the scientific aim were fully achieved in this realm, we would presumably know that, in therapy, certain elements were associated with certain types of outcomes. Knowing this it is likely that we would be able to predict that a particular instance of a therapeutic relationship would have a certain outcome (within certain probability limits) because it involved certain elements. We could then very likely control outcomes of therapy by our manipulation of the elements contained in the therapeutic relationship.

It should be clear that no matter how profound our scientific investigation, we could never by

means of it discover any absolute truth, but could only describe relationships which had an increasingly high probability of occurrence. Nor could we discover any underlying reality in regard to persons, interpersonal relationships, or the universe. We could only describe relationships between observable events. If science in this field followed the course of science in other fields, the working models of reality which would emerge (in the course of theory building) would be increasingly removed from the reality perceived by the senses. The scientific description of therapy and therapeutic relationships would become increasingly *unlike* these phenomena as they are experienced.

It is evident at the outset that since therapy is a complex phenomenon, measurement will be difficult. Nevertheless "anything that exists can be measured," and since therapy is judged to be a significant relationship, with implications extending far beyond itself, the difficulties may prove to be worth surmounting in order to discover laws of personality and interpersonal relationships.

Since, in client-centered therapy, there already exists a crude theory (though not a theory in the strictly scientific sense), we have a starting point for the selection of hypotheses. For purposes of this discussion, let us take some of the crude hypotheses which can be drawn from this theory, and see what a scientific approach will do with them. We will, for the time being, omit the translation of the total theory into a formal logic which would be acceptable, and consider only a few of the hypotheses.

Let us first state three of these in their crude form.

1. Acceptance of the client by the therapist leads to an increased acceptance of self by the client.
2. The more the therapist perceives the client as a person rather than as an object, the more the client will come to perceive himself as a person rather than an object.
3. In the course of therapy an experiential and effective type of learning about self takes place in the client.

How would we go about translating each of these² into operational terms and how would we

² I believe it is now commonly accepted that the most subjective feelings, apprehensions, tensions, satisfactions, or reactions, may be dealt with scientifically, providing only that they may be given clear-cut operational definition. William Stephenson, among others, presents this point of

test the hypotheses? What would be the general outcomes of such testing?

This paper is not the place for a detailed answer to these questions, but research already carried on supplies the answers in a general way. In the case of the first hypothesis, certain devices for measuring acceptance would be selected or devised. These might be attitude tests, objective or projective, Q technique or the like. Presumably the same instruments, with slightly different instructions or mind set, could be used to measure the therapist's acceptance of the client, and the client's acceptance of self. Operationally then, the degree of therapist acceptance would be equated to a certain score on this instrument. Whether client self-acceptance changed during therapy would be indicated by pre- and post-measurements. The relationship of any change to therapy would be determined by comparison of changes in therapy to changes during a control period or in a control group. We would finally be able to say whether a relationship existed between therapist acceptance and client self-acceptance, as operationally defined, and the correlation between the two.

The second and third hypotheses involve real difficulty in measurement, but there is no reason to suppose that they could not be objectively studied, as our sophistication in psychological measurement increases. Some type of attitude test or Q sort might be the instrument for the second hypothesis, measuring the attitude of therapist toward client, and of client toward self. In this case the continuum would be from objective regard of an external object to a personal and subjective experiencing. The instrumentation for hypothesis three might be physiological, since it seems likely that experiential learning has physiologically measurable concomitants. Another possibility would be to infer experiential learning from its effectiveness, and thus measure the effectiveness of learning in different areas. At the present stage of our methodology hypothesis three might be beyond us, but certainly within the foreseeable future, it too could be given operational definition and tested.

The findings from these studies would be of this order. Let us become suppositious, in order to illustrate more concretely. Suppose we find that view forcefully (in his *Postulates of Behaviorism*) and through his Q technique, has contributed importantly to the objectification of such subjective materials for scientific study.

therapist acceptance leads to client self-acceptance, and that the correlation is in the neighborhood of .70 between the two variables. In hypothesis two we might find the hypothesis unsupported, but find that the more the therapist regarded the client as a person, the more the client's self-acceptance increased. Thus we would have learned that person-centeredness is an element of acceptance, but that it has little to do with the client becoming more of a person to himself. Let us also suppose hypothesis three upheld with experiential learning of certain describable sorts taking place much more in therapy than in the control subjects.

Glossing over all the qualifications and ramifications which would be present in the findings, and omitting reference to the unexpected leads into personality dynamics which would crop up (since these are hard to imagine in advance), the preceding paragraph gives us some notion of what science can offer in this field. It can give us a more exact description of the events of therapy and the changes which take place. It can begin to formulate some tentative laws of the dynamics of human relationships. It can offer public and replicable statements, that if certain operationally definable conditions exist in the therapist or in the relationship, then certain client behaviors may be expected with a known degree of probability. It can presumably do this for the field of therapy and personality change as it is in the process of doing for such fields as perception and learning. Eventually theoretical formulations should draw together these different areas, enunciating the laws which appear to govern alteration in human behavior, whether in the situations we classify as perception, those we classify as learning, or the more global and molar changes which occur in therapy, involving both perception and learning.

SOME ISSUES

Here are two different methods of perceiving the essential aspects of psychotherapy, two different approaches to forging ahead into new territory in this field. As presented here, and as they frequently exist, there seems almost no common meeting ground between the two descriptions. Each represents a vigorous way of seeing therapy. Each seems to be an avenue to the significant truths of therapy. When each of these is held by a different individual or group, it constitutes a basis of sharp disagreement. When each of these approaches

seems true to one individual, like myself, then he feels himself conflicted by these two views. Though they may superficially be reconciled, or regarded as complementary to each other, they seem to me to be basically antagonistic in many ways. I should like to raise certain issues which these two viewpoints pose for me.

The Scientist's Questions

First let me pose some of the questions which the scientific viewpoint asks of the experiential (using scientific and experiential simply as loose labels to indicate the two views). The hardheaded scientist listens to the experiential account, and raises several searching questions.

1. First of all he wants to know, "How can you know that this account, or any account given at a previous or later time, is true? How do you know that it has any relationship to reality? If we are to rely on this inner and subjective experience as being the truth about human relationships or about ways of altering personality, then Yogi, Christian Science, dianetics, and the delusions of a psychotic individual who believes himself to be Jesus Christ, are all true, just as true as this account. Each of them represents the truth as perceived inwardly by some individual or group of individuals. If we are to avoid this morass of multiple and contradictory truths, we must fall back on the only method we know for achieving an ever-closer approximation to reality, the scientific method."

2. "In the second place, this experiential approach shuts one off from improving his therapeutic skill, or discovering the less than satisfactory elements in the relationship. Unless one regards the present description as a perfect one, which is unlikely, or the present level of experience in the therapeutic relationship as being the most effective possible, which is equally unlikely, then there are unknown flaws, imperfections, blind spots, in the account as given. How are these to be discovered and corrected? The experiential approach can offer nothing but a trial-and-error process for achieving this, a process which is slow and which offers no real guarantee of achieving this goal. Even the criticisms or suggestions of others are of little help, since they do not arise from within the experience and hence do not have the vital authority of the relationship itself. But the scientific method, and the procedures of a modern

logical positivism, have much to offer here. Any experience which can be described at all can be described in operational terms. Hypotheses can be formulated and put to test, and the sheep of truth can thus be separated from the goats of error. This seems the only sure road to improvement, self-correction, growth in knowledge."

3. The scientist has another comment to make. "Implicit in your description of the therapeutic experience seems to be the notion that there are elements in it which *cannot* be predicted—that there is some type of spontaneity or (excuse the term) free will operative here. You speak as though some of the client's behavior—and perhaps some of the therapist's—is not caused, is not a link in a sequence of cause and effect. Without desiring to become metaphysical, may I raise the question as to whether this is defeatism? Since surely we can discover what causes *much* of behavior—you yourself speak of creating the conditions where certain behavioral results follow—then why give up at any point? Why not at least *aim* toward uncovering the causes of *all* behavior? This does not mean that the individual must regard himself as an automaton, but in our search for the facts we shall not be hampered by a belief that some doors are closed to us."

4. Finally, the scientist cannot understand why the therapist, the experientialist, should challenge the one tool and method which is responsible for almost all the advances which we value. "In the curing of disease, in the prevention of infant mortality, in the growing of larger crops, in the preservation of food, in the manufacture of all the things that make life comfortable, from books to nylon, in the understanding of the universe, what is the foundation stone? It is the method of science, applied to each of these, and to many other problems. It is true that it has improved methods of warfare, too, serving man's destructive as well as his constructive purposes, but even here the potentiality for social usefulness is very great. So why should we doubt this same approach in the social science field? To be sure advances here have been slow, and no law as fundamental as the law of gravity has as yet been demonstrated, but are we to give up this approach out of impatience? What possible alternative offers equal hope? If we are agreed that the social problems of the world are very pressing indeed, if psychotherapy offers a

window into the most crucial and significant dynamics of change in human behavior, then surely the course of action is to apply to psychotherapy the most rigorous canons of scientific method, on as broad a scale as possible, in order that we may most rapidly approach a tentative knowledge of the laws of individual behavior and of attitudinal change."

The Questions of the Experientialist

While the scientist's questions may seem to some to settle the matter, his comments are far from being entirely satisfying to the therapist who has lived the experience of therapy. Such an individual has several points to make in regard to the scientific view.

1. "In the first place," this "experientialist" points out, "science always has to do with the other, the object. Various logicians of science, including Stevens, show that it is a basic element of science that it always has to do with the observable object, the observable other. This is true, even if the scientist is experimenting on himself, for to that degree he treats himself as the observable other. It never has anything to do with the experiencing me. Now does not this quality of science mean that it must forever be irrelevant to an experience such as therapy, which is intensely personal, highly subjective in its inwardness, and dependent entirely on the relationship of two individuals each of whom is an experiencing me? Science can of course study the events which occur, but always in a way which is irrelevant to what is occurring. An analogy would be to say that science can conduct an autopsy of the dead events of therapy, but by its very nature it can never enter into the living physiology of therapy. It is for this reason that therapists recognize—usually intuitively—that any advance in therapy, any fresh knowledge of it, any significant new hypotheses in regard to it must come from the experience of the therapists and clients, and can never come from science. Again, to use an analogy, certain heavenly bodies were discovered solely from examination of the scientific measurements of the courses of the stars. Then the astronomers searched for these hypothesized bodies and found them. It seems decidedly unlikely that there will ever be a similar outcome in therapy, since science has nothing to say about the internal personal experience

which 'I' have in therapy. It can only speak of the events which occur in 'him.' "

2. "Because science has as its field the 'other,' the 'object,' it means that everything it touches is transformed into an object. This has never presented a problem in the physical sciences. In the biological sciences it has caused certain difficulties. A number of medical men feel some concern as to whether the increasing tendency to view the human organism as an object, in spite of its scientific efficacy, may not be unfortunate for the patient. They would prefer to see him again regarded as a person. It is in the social sciences, however, that this becomes a genuinely serious issue. It means that the people studied by the social scientist are always objects. In therapy, both client and therapist become objects for dissection, but not persons with whom one enters a living relationship. At first glance, this may not seem important. We may say that only in his role as scientist does the individual regard others as objects. He can also step out of this role and become a person. But if we look a little further we will see that this is a superficial answer. If we project ourselves into the future, and suppose that we had the answers to most of the questions which psychology investigates today, what then? Then we would find ourselves increasingly impelled to treat all others, and even ourselves, as objects. The knowledge of all human relationships would be so great that we would know it rather than live the relationships unreflectively. We see some foretaste of this in the attitude of sophisticated parents who know that affection 'is good for the child.' This knowledge frequently stands in the way of their being themselves, freely, unreflectively, affectionate or not. Thus the development of science in a field like therapy is either irrelevant to the experience, or may actually make it more difficult to live the relationship as a personal, experiential event."

3. The experientialist has a further concern. "When science transforms people into objects, as mentioned above, it has another effect. The end result of science is to lead toward manipulation. This is less true in fields like astronomy, but in the physical and social sciences, the knowledge of the events and their relationships leads to manipulation of some of the elements of the equation. This is unquestionably true in psychology, and would be true in therapy. If we know all about how learn-

ing takes place, we use that knowledge to manipulate persons as objects. This statement places no value judgment on manipulation. It may be done in highly ethical fashion. We may even manipulate ourselves as objects, using such knowledge. Thus, knowing that learning takes place more rapidly with repeated review rather than long periods of concentration of one lesson, I may use this knowledge to manipulate my learning of Spanish. But knowledge is power. As I learn the laws of learning I use them to manipulate others through advertisements, through propaganda, through prediction of their responses, and the control of those responses. It is not too strong a statement to say that the growth of knowledge in the social sciences contains within itself a powerful tendency toward social control, toward control of the many by the few. An equally strong tendency is toward the weakening or destruction of the existential person. When all are regarded as objects, the subjective individual, the inner self, the person in the process of becoming, the unreflective consciousness of being, the whole inward side of living life, is weakened, devalued, or destroyed. Perhaps this is best exemplified by two books. Skinner's *Walden Two* is a psychologist's picture of paradise. To Skinner it must have seemed desirable, unless he wrote it as a tremendous satire. At any rate it is a paradise of manipulation, in which the extent to which one can be a person is greatly reduced, unless one can be a member of the ruling council. Huxley's *Brave New World* is frankly satire, but portrays vividly the loss of personhood which he sees as associated with increasing psychological and biological knowledge. Thus, to put it bluntly, it seems that a developing social science (as now conceived and pursued) leads to social dictatorship and individual loss of personhood. The dangers perceived by Kierkegaard a century ago in this respect seem much more real now, with the increase of knowledge, than they could have then."

4. "Finally," says the experientialist, "doesn't all this point to the fact that ethics is a more basic consideration than science? I am not blind to the value of science as a tool, and am aware that it can be a very valuable tool. But unless it is the tool of ethical *persons*, with all that the term persons implies, may it not become a Juggernaut? We have been a long time recognizing this issue, because in physical science it took centuries for the

ethical issue to become crucial, but it has at last become so. In the social sciences the ethical issues arise much more quickly, because persons are involved. But in psychotherapy the issue arises most quickly and most deeply. Here is the maximizing of all that is subjective, inward, personal; here a relationship is lived, not examined, and a person, not an object, emerges; a person who feels, chooses, believes, acts, not as an automaton, but as a person. And here too is the ultimate in science—the objective exploration of the most subjective aspects of life; the reduction to hypotheses, and eventually to theorems, of all that has been regarded as most personal, most completely inward, most thoroughly a private world. And because these two views come so sharply into focus here, we must make a choice—an ethical personal choice of values. We may do it by default, by not raising the question. We may be able to make a choice which will somehow conserve both values—but choose we must. And I am asking that we think long and hard before we give up the values that pertain to being a person, to experiencing, to living a relationship, to becoming, that pertain to one's self as a process, to one's self in the existential moment, to the inward subjective self that lives."

The Dilemma

There you have the contrary views as they occur sometimes explicitly, more often implicitly, in current psychological thinking. There you have the debate as it exists in me. Where do we go? What direction do we take? Has the problem been correctly described or is it fallacious? What are the errors of perception? Or if it is essentially as described, must we choose one or the other? And if so, which one? Or is there some broader, more inclusive formulation which can happily encompass both of these views without damage to either?

A CHANGED VIEW OF SCIENCE

In the year which has elapsed since the foregoing material was written, I have from time to time discussed the issues with students, colleagues, and friends. To some of them I am particularly indebted for ideas which have taken root in me.³

³ I would like to mention my special debt to discussions with, and published and unpublished papers by Robert M. Lipgar, Ross L. Mooney, David A. Rodgers, and Eugene Streich. My own thinking has fed so deeply on theirs, and

Gradually I have come to believe that the most basic error in the original formulation was in the description of science. I should like, in this section, to attempt to correct that error, and in the following section to reconcile the revised points of view.

The major shortcoming was, I believe, in viewing science as something "out there," something spelled with a capital S, a "body of knowledge," existing somewhere in space and time. In common with many psychologists I thought of science as a systematized and organized collection of tentatively verified fact, and saw the methodology of science as the socially approved means of accumulating this body of knowledge, and continuing its verification. It has seemed somewhat like a reservoir into which all and sundry may dip their buckets to obtain water—with a guarantee of 99% purity. When viewed in this external and impersonal fashion, it seems not unreasonable to see Science not only as discovering knowledge in lofty fashion, but as involving depersonalization, a tendency to manipulate, a denial of the basic freedom of choice which I have met experientially in therapy. I should like now to view the scientific approach from a different, and I hope, a more accurate perspective.

Science in Persons

Science exists only in people. Each scientific project has its creative inception, its process, and its tentative conclusion, in a person or persons. Knowledge—even scientific knowledge—is that which is subjectively acceptable. Scientific knowledge can be communicated only to those who are subjectively ready to receive its communication. The utilization of science also occurs only through people who are in pursuit of values which have meaning for them. These statements summarize very briefly something of the change in emphasis which I would like to make in my description of science. Let me follow through the various phases of science from this point of view.

become so intertwined with theirs, that I would be at a loss to acknowledge specific obligations. I only know that in what follows there is much which springs from them, through me. I have also profited from correspondence regarding the paper with Anne Roe and Walter Smet.

The Creative Phases

Science has its inception in a particular person who is pursuing aims, values, purposes, which have personal and subjective meaning for him. As a part of this pursuit, he, in some area, "wants to find out." Consequently, if he is to be a good scientist, he immerses himself in the relevant experience, whether that be the physics laboratory, the world of plant or animal life, the hospital, the psychological laboratory or clinic, or whatever. This immersion is complete and subjective, similar to the immersion of the therapist in therapy, described previously. He senses the field in which he is interested. He lives it. He does more than "think" about it—he lets his organism take over and react to it, both on a knowing and on an unknowing level. He comes to sense more than he could possibly verbalize about his field, and reacts organismically in terms of relationships which are not present in his awareness.

Out of this complete subjective immersion comes a creative forming, a sense of direction, a vague formulation of relationships hitherto unrecognized. Whittled down, sharpened, formulated in clearer terms, this creative forming becomes a hypothesis—a statement of a tentative, personal, subjective faith. The scientist is saying, drawing upon all his known and unknown experience, that "I have a hunch that such and such a relationship exists, and the existence of this phenomenon has relevance to my personal values."

What I am describing is the initial phase of science, probably its most important phase, but one which American scientists, particularly psychologists, have been prone to minimize or ignore. It is not so much that it has been denied as that it has been quickly brushed off. Kenneth Spence has said that this aspect of science is "simply taken for granted."⁴ Like many experiences taken for

⁴ It may be pertinent to quote the sentences from which this phrase is taken. ". . . the data of all sciences have the same origin—namely, the immediate experience of an observing person, the scientist himself. That is to say, immediate experience, the initial matrix out of which all sciences develop, is no longer considered a matter of concern for the scientist. He simply takes it for granted and then proceeds to the task of describing the events occurring in it and discovering and formulating the nature of the relationships holding among them." Kenneth W. Spence, in *Psychological Theory*, M. H. Marx (Ed.), Macmillan, 1951, p. 173.

granted, it also tends to be forgotten. It is indeed in the matrix of immediate personal, subjective experience that all science, and each individual scientific research, has its origin.

Checking with Reality

The scientist has then creatively achieved his hypothesis, his tentative faith. But does it check with reality? Experience has shown each one of us that it is very easy to deceive himself, to believe something which later experience shows is not so. How can I tell whether this tentative belief has some real relationship to observed facts? I can use, not one line of evidence only, but several. I can surround my observation of the facts with various precautions to make sure I am not deceiving myself. I can consult with others who have also been concerned with avoiding self-deception, and learn useful ways of catching myself in unwarranted beliefs, based on misinterpretation of observations. I can, in short, begin to use all the elaborate methodology which science has accumulated. I discover that stating my hypothesis in operational terms will avoid many blind alleys and false conclusions. I learn that control groups can help me to avoid drawing false inferences. I learn that correlations, and *t* tests and critical ratios and a whole array of statistical procedures can likewise aid me in drawing only reasonable inferences.

Thus scientific methodology is seen for what it truly is—a way of preventing me from deceiving myself in regard to my creatively formed subjective hunches which have developed out of the relationship between me and my material. It is in this context, and perhaps only in this context, that the vast structure of operationism, logical positivism, research design, tests of significance, etc., have their place. They exist, not for themselves, but as servants in the attempt to check the subjective feeling or hunch or hypothesis of a person with the objective fact.

And even throughout the use of such rigorous and impersonal methods, the important choices are all made subjectively by the scientist. To which of a number of hypotheses shall I devote time? What kind of control group is most suitable for avoiding self-deception in this particular research? How far shall I carry the statistical analysis? How much credence may I place in the findings? Each of these is necessarily a subjective personal judg-

ment, emphasizing that the splendid structure of science rests basically upon its subjective use by persons. It is the best instrument we have yet been able to devise to check upon our organismic sensing of the universe.

The Findings

If, as scientist, I like the way I have gone about my investigation, if I have been open to all the evidence, if I have selected and used intelligently all the precautions against self-deception which I have been able to assimilate from others or to devise myself, then I will give my tentative belief to the findings which have emerged. I will regard them as a springboard for further investigation and further seeking.

It seems to me that in the best of science, the primary purpose is to provide a more satisfactory and dependable hypothesis, belief, faith, for the investigator himself. To the extent that the scientist is endeavoring to prove something to someone else—an error into which I have fallen more than once—then I believe he is using science to bolster a personal insecurity, and is keeping it from its truly creative role in the service of the person.

In regard to the findings of science, the subjective foundation is well shown in the fact that at times the scientist may refuse to believe his own findings. "The experiment showed thus and so but I believe it is wrong," is a theme which every scientist has experienced at some time or other. Some very fruitful scientific discoveries have grown out of the persistent *disbelief*, by a scientist, in his own findings and those of others. In the last analysis he may place more trust in his total organismic reactions than in the methods of science. There is no doubt that this can result in serious error as well as in scientific discoveries, but it indicates again the leading place of the subjective in the use of science.

Communication of Scientific Findings

Wading along a coral reef in the Caribbean this morning, I saw a blue fish—I think. If you, quite independently, saw it too, then I feel more confidence in my own observation. This is what is known as intersubjective verification, and it plays an important part in our understanding of science. If I take you (whether in conversation or in print or behaviorally) through the steps I have taken in

an investigation, and it seems to you too that I have not deceived myself, and that I have indeed come across a new relationship which is relevant to my values, and that I am justified in having a tentative faith in this relationship, then we have the beginnings of Science with a capital S. It is at this point that we are likely to think we have created a body of scientific knowledge. Actually there is no such body of knowledge. There are only tentative beliefs, existing subjectively, in a number of different persons. If these beliefs are not tentative, then what exists is dogma, not science. If on the other hand, no one but the investigator believes the finding, then this finding is either a personal and deviant matter, an instance of psychopathology, or else it is an unusual truth discovered by a genius, which as yet no one is subjectively ready to believe. This leads me to comment on the group which can put tentative faith in any given scientific finding.

Communication to Whom?

It is clear that scientific findings can be communicated only to those who have agreed to the same ground rules of investigation. The Australian bushman will be quite unimpressed with the findings of science regarding bacterial infection. He knows that illness truly is caused by evil spirits. It is only when he too agrees to scientific method as a good means of preventing self-deception, that he will be likely to accept its findings.

But even among those who have adopted the ground rules of science, tentative belief in the findings of a scientific research can only occur where there is a subjective readiness to believe. One could find many examples. Most psychologists are quite ready to believe evidence showing that the lecture system produces significant increments of learning, and quite unready to believe that the turn of an unseen card may be called through an ability labeled extrasensory perception. Yet the scientific evidence for the latter is considerably more impeccable than for the former. Likewise when the so-called "Iowa studies" first came out, indicating that intelligence might be considerably altered by environmental conditions, there was great disbelief among psychologists, and many attacks on the imperfect scientific methods used. The scientific evidence for this finding is not much better today than it was when the Iowa studies first appeared,

but the subjective readiness of psychologists to believe such a finding has altered greatly. A historian of science has noted that empiricists, had they existed at the time, would have been the first to disbelieve the findings of Copernicus.

It appears then that whether I believe the scientific findings of others, or those of my own studies, depends in part on my readiness to put a tentative belief in such findings.⁵ One reason we are not particularly aware of this subjective fact is that in the physical sciences particularly, we have gradually agreed that in a very large area of experience we are ready to believe any finding which can be shown to rest upon the rules of the scientific game, properly played.

The Use of Science

But not only is the origin, process, and conclusion of science something which exists only in the subjective experience of persons—so also is its utilization. "Science" will never depersonalize, or manipulate, or control individuals. It is only persons who can and will do that. This is surely a most obvious and trite observation, yet a deep realization of it has had much meaning for me. It means that the use which will be made of scientific findings in the field of personality is and will be a matter of subjective personal choice—the same type of choice as a person makes in therapy. To the extent that he has defensively closed off areas of his experience from awareness, the person is more likely to make choices which are socially destructive. To the extent that he is open to all phases of his experience we may be sure that this person will be more likely

⁵ One example from my own experience may suffice. In 1941 a research study done under my supervision showed that the future adjustment of delinquent adolescents was best predicted by a measure of their realistic self-understanding and self-acceptance. The instrument was a crude one, but it was a better predictor than measures of family environment, hereditary capacities, social milieu, and the like. At that time I was simply not ready to believe such a finding, because my own belief, like that of most psychologists, was that such factors as the emotional climate in the family and the influence of the peer group were the real determinants of future delinquency and nondelinquency. Only gradually, as my experience with psychotherapy continued and deepened, was it possible for me to give my tentative belief to the findings of this study and of a later one (1944) which confirmed it. (For a report of these two studies see "The role of self understanding in the prediction of behavior" by C. R. Rogers, B. L. Kell, and H. McNeil, *J. consult. Psychol.*, 1948, 12, 174-186.)

to use the findings and methods of science (or any other tool or capacity) in a manner which is personally and socially constructive.⁶ There is, in actuality then, no threatening entity of "Science" which can in any way affect our destiny. There are only people. While many of them are indeed threatening and dangerous in their defensiveness, and modern scientific knowledge multiplies the social threat and danger, this is not the whole picture. There are two other significant facets. (a) There are many other persons who are relatively open to their experience and hence likely to be socially constructive. (b) Both the subjective experience of psychotherapy and the scientific findings regarding it indicate that individuals are motivated to change, and may be helped to change, in the direction of greater openness to experience, and hence in the direction of behavior which is enhancing of self and society, rather than destructive.

To put it briefly, Science can never threaten us. Only persons can do that. And while individuals can be vastly destructive with the tools placed in their hands by scientific knowledge, this is only one side of the picture. We already have subjective and objective knowledge of the basic principles by which individuals may achieve the more constructive social behavior which is natural to their organic process of becoming.

A NEW INTEGRATION

What this line of thought has achieved for me is a fresh integration in which the conflict between the "experientialist" and the "scientific" tends to disappear. This particular integration may not be acceptable to others, but it does have meaning to me. Its major tenets have been largely implicit in the preceding section, but I will try to state them here in a way which takes cognizance of the arguments between the opposing points of view.

Science, as well as therapy, as well as all other aspects of living, is rooted in and based upon the immediate, subjective experience of a person. It springs from the inner, total, organic experiencing which is only partially and imperfectly communicable. It is one phase of subjective living.

⁶ I have spelled out much more fully the rationale for this view in two recent papers: "The concept of the fully functioning person" (unpublished manuscript), and "Toward a theory of creativity," *ETC*, 1954, 11, 249-260.

It is because I find value and reward in human relationships that I enter into a relationship known as therapeutic, where feelings and cognition merge into one unitary experience which is lived rather than examined, in which awareness is nonreflective, and where I am participant rather than observer. But because I am curious about the exquisite orderliness which appears to exist in the universe and in this relationship I can abstract myself from the experience and look upon it as an observer, making myself and/or others the objects of that observation. As observer I use all of the hunches which grow out of the living experience. To avoid deceiving myself as observer, to gain a more accurate picture of the order which exists, I make use of all the canons of science. Science is not an impersonal something, but simply a person living subjectively another phase of himself. A deeper understanding of therapy (or of any other problem) may come from living it, or from observing it in accordance with the rules of science, or from the communication within the self between the two types of experience. As to the subjective experience of choice, it is not only primary in therapy, but it is also primary in the use of scientific method by a person. I have even come to see that freedom of choice is not necessarily antithetical to the determinism which is a part of our framework for thinking scientifically. Since I have recently tried to spell out this relationship elsewhere,⁷ I will not take the space to do so here.

What I will do with the knowledge gained through scientific method—whether I will use it to

⁷ In my paper on "The concept of the fully functioning person."

understand, enhance, enrich, or use it to control, manipulate, and destroy—is a matter of subjective choice dependent upon the values which have personal meaning for me. If, out of fright and defensiveness, I block out from my awareness large areas of experience—if I can see only those facts which support my present beliefs, and am blind to all others—if I can see only the objective aspects of life, and cannot perceive the subjective—if in any way I cut off my perception from the full range of its actual sensitivity—then I am likely to be socially destructive, whether I use as tool the knowledge and instruments of science, or the power and emotional strength of a subjective relationship. And on the other hand if I am open to my experience, and can permit all of the sensings of my intricate organism to be available to my awareness, then I am likely to use myself, my subjective experience, and my scientific knowledge, in ways which are realistically constructive.

This, then, is the degree of integration I have currently been able to achieve between two approaches first experienced as conflicting. It does not completely resolve all the issues posed in the earlier section, but it seems to point toward a resolution. It rewrites the problem or reperceives the issue, by putting the subjective, existential person, with the values which he holds, at the foundation and the root of the therapeutic relationship and of the scientific relationship. For science too, at its inception, is an "I-Thou" relationship with the world of perceived objects, just as therapy at its deepest is an "I-Thou" relationship with a person or persons. And only as a subjective person can I enter either of these relationships.

COUNSELING PSYCHOLOGY¹

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FOR some time this country has been faced with a rapid rise in the demand for related, nonmedical professional services. Established areas such as social case work, psychiatry, and psychology are developing subspecialties and, in one instance, a new interdisciplinary subdoctoral group, rehabilitation counselors, recently has emerged. With such a condition of growth, we find each of these vigorous professional groups staking out zones of influence in unclaimed territory and occasionally laying claim to functions traditionally considered as "belonging" to other disciplines.

While many of these conflicts are still at the level of friendly bewilderment, we are faced with the need to clarify and justify our legitimate areas and methods of practice. In particular, psychiatry, social work, clinical psychology, and counseling psychology are competing for status, legal sanction, and advantage.

In developing the concepts in this paper, there is neither the intention to forget, or to play down, the basic unity of psychology as a field of knowledge and practice nor to imply that our in-field differences are as great as those between and among other discrete disciplines. Attention is called, however, to similar problems confronting other expanding professional service disciplines—for example, medicine and social welfare. In medicine we have the differences between general practice and psychiatry, surgery, and pediatrics. In social work we have the psychiatric social worker and the general practitioner among other specialties. Psychologists should be psychologists first and psychological specialists second, but the specialties do exist and are important to the development of psychology as a whole.

This paper is a proposal to establish counseling psychology as a functionally unique pattern of

¹ Address of the retiring president of the Division on Counseling Psychology of the American Psychological Association, New York City, September 4, 1954.

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practice. Patterns of vocational activity are seldom unique in their parts nor always in their totality, but, using a phrase coined by Paterson, may be "relatively unique." It is difficult to demonstrate a single function or practice which, with the exception of some specialties of medicine, is completely unique to any of the professional groups we are considering. Nevertheless, it does seem possible to show a *patterning* of methods, objectives, and situations which is peculiar to any one of these groups. The basis of such patterns lies in the professional training required, the type of client, the objectives of practice, and the work situation.

All of us in these related disciplines use the same general tool kit of methodology. However, use tends to differ, for example, between the psychiatrist and the social case worker in quantity, complexity, and purpose of tool use. We all use tests, but projective devices and measures of academic achievement have quite different purposes and interpretations. We all make use of the interview, but relationship and situation, in addition to our differing objectives and the kind of client or patient, are not identical. All of the groups with which we are concerned make use of learning theory to a greater or lesser extent as a basis for helping clients to achieve better adjustment, but our structuring of the learning situations will vary.

In developing the differences which identify our patterns of practice, one is aware of the need to avoid invidious comparisons. It would be most satisfying if a positive statement could be made of what counseling psychology does, and is concerned with, without reference to other disciplines. Such an attempt could become relatively ineffective because of the overlapping of methods, objectives, and types of client. There is the further problem that such a noncomparative statement will pre-empt functions which other groups will consider theirs. To consider the problem with any approach to completeness demands both (a) a comparison with other professional groups, and (b) a statement of relatively unique patterns of practice. Following the order of emphasis, we first consider the broad

problems of interdisciplinary relationships with particular emphasis on the two fields of clinical and counseling psychology.

Among the specialties related closely to counseling psychology, superficially the one most difficult to differentiate from it clearly is clinical psychology. When one looks first at the original selection of individuals for these two services, it is quickly apparent that data on selection for these two specialties are meager. To be sure, the publications of Adkins (1), Kelly and Fiske (2), and Kriedt (3) are helpful. From these researches on the kinds of people in psychology and from much general reading and observation, some generalizations can be drawn as working hypotheses. It is granted that these hypotheses are controversial and generally lacking in experimental verification.

One hypothesis is that, contrary to the thinking of many, *counseling psychologists resemble industrial psychologists to a greater extent than they do psychotherapists*. Support for this point of view is lent by the proposed reorganization of APA in which industrial and counseling psychologists would be grouped, with clinical psychologists in another division. Mobility between these two fields appears to be an easier path than the ones between either of them and clinical psychology. There appears, however, to be a greater attempt at exchange between counseling and clinical psychology with some clinical and counseling psychologists assuming that counseling and psychotherapy are synonymous in training and practice. Personal experience does not bear out this clinical-counseling mobility in practice.

A second hypothesis is that *clinical psychologists have a greater personality dimension of interests in "persons and personalities" as opposed to "processes and things" than do counseling psychologists*. The value systems appear to vary significantly in terms of the weights assigned to the good of the individual versus the good of society or a group. The counseling psychologist appears to some of us as more "hard-boiled." Along the same line, many counseling psychologists appear to embrace a normative approach to personality traits and structure, as compared to many clinical psychologists who lean more to the phenomenological viewpoint.

A third hypothesis is that *counseling psychologists tend to have greater managerial, administrative interests*. Certainly observation of practition-

ers over a period of years gives some support to this idea. In my experience, counseling psychologists have a strong tendency to pick up early in professional life such titles as manager, director, or, Heaven save us, even dean!

My last hypothesis is that *counseling psychology trainees take more readily to statistics and statistical research*. Landfield,² in his *American Psychologist* article, "Research avoidance in clinical students," lends some support to this hypothesis. While Landfield addresses himself to clinical trainees, few of us appear to have found this difficulty to any great degree with counselor trainees.

In closing this section on hypotheses, I again emphasize that the hunches (or hopes) expressed are in large part an indication of areas which call for research. So little has been done in obtaining a valid descriptive basis for our practices that we have not been in a position to deal sensibly with the selection of our trainees. Until we are agreed as to what our patterns of practice are, and should be, research is indeed difficult to accomplish.

It is not the purpose here to propose a method of selecting counseling versus clinical psychology trainees. It is obvious that research is needed along new lines with emphasis on dimensions of personality since there is no evidence that the mental alertness or power of the individual is different in the two groups. However, it is my contention that we do have individuals who differ in their value judgments, their attitudes, and their interests and that, however trained, eventual professional practice will tend to follow personality dimensions rather than the specific pattern of training.

Opinions regarding possible differences in training between the two psychological specialties vary from those who believe that "only a course in occupational information divides them" to those who see little commonality. There is agreement that both, including a minimal one-year internship, are at least four-year graduate training programs.

Inspection of various curricula in several institutions gives the impression that approximately two years of the academic work for both groups is devoted to the training of sound general psychologists with an orientation in experimental, physiological, social, and general psychology. Basic measurement and statistics are covered also during

² Alvin W. Landfield, Research avoidance in clinical students. *Amer. Psychologist*, 1954, 9, pp. 240-242.

this period. By the end of the third year both clinical and counseling psychologists are completing groundwork in personality and learning theory. Three of the four years of academic work are much alike or even duplicates. However, learning theory has somewhat different implications and applications. The clinical psychologist is more concerned with the deviate whose anxiety level is disabling and disintegrative. The counseling psychologist tends to work with those whose anxieties are interfering and disruptive but not disabling. When therapy is based on learning theory, the counselor usually concentrates more on cognitive, intellectual levels and less on phenomenological constructs.

Differences appear too in the applications and implications of personality development and structure theory. Here, counseling psychologists concentrate on the problems of interfering value systems and judgments, and the changing of attitudes. The clinical psychologist appears to work more in the medically related areas of reorganizing basic personality structure. While the course work is often done in the same class, what is taken from the course in terms of future practice may be quite different. Counseling has greater concern with a positive approach to trait strengths and less concern with medically diagnosed personality deviations which demand remediation through psychotherapy.

The counseling psychologist frequently is marked in his training, among other emphases, by an emphasis on trait and factor theory. For him it is often material basic to practice. His most unique skill is the psychological assessment of trait strengths and weaknesses and their implications for social living. Occupational information is of great use to the counseling psychologist in educational-vocational settings, although this use is shared by others such as those in industrial psychology. Clinical psychologists make much less use of this body of knowledge.

Differences appear too in the use-patterning of tools and techniques for clinical and counseling psychologists. For example, both use psychometric devices, but projective instruments and those used for the assessment of aptitudes, abilities, and interests are usually quite different in purpose and in the application of results. Clinical psychologists are not always at home with the many group tests whose reliability and validity vary widely as do

even more, perhaps, the individual tests they more frequently use.

In contradistinction to the frequent use of "counseling" and "psychotherapy" as synonyms, there is a need for an advisory aspect in counseling which is not usually considered in order with deeply disturbed patients. Inasmuch as advising presumes that the advisor has special knowledges of high reliability and validity, and thus is a sound guide to the client, there is a content in counseling which deals with specific conditions in educational institutions, business and industry, and social living. This advisory content tends to separate training and practices of the psychotherapist and the counseling psychologist. Training in counseling psychology is based in part on these special knowledges useful, for example, in the advising of clients about such mundane affairs as jobs and how to get them, study skills, educational opportunities, and normative information for comparisons of the individual with specific social and economic groups.

Differences persist in the internship. Many university and college counseling centers provide paid internships not always open to the clinical psychologist, just as the reverse is true in some medical settings. Community agencies also make use of the counselor in nonmedical situations. Even in the hospital internships provided by the Veterans Administration, medical men make legitimate complaints when the reports of clinical and counseling psychologists do not differ noticeably in approach, language, and intent. It is of interest to note that the Chief of Counseling Psychology in many hospitals reports directly to the Chief of Professional Services and not through a psychiatrist.

In summary, there is little proof that we are training clinical and counseling psychologists to do the same things in the same ways with the same hoped-for outcomes, and this, even though three-fourths of their academic experience may be in common; nor does the evidence indicate that we are selecting and training interchangeable human units. It may well be that those who are happiest with what a clinical psychologist does will practice as psychotherapists even though they come through the training program for the counseling psychologist. The reverse claim has equal strength. To combine the training into one curriculum could well result in adding a year of graduate work. The graduates would, in my opinion, not be ambivalent

in practice. In terms of personal interests, they would practice primarily in one or the other area with no appreciable gain to society or to the individual practitioner so trained from an added year of work. One practitioner concerns himself primarily with *patients*, the other with *clients*. The differences are far greater in training than a course in occupational information.

In moving to a close, one task is left: the original one of summarizing a relatively unique pattern of function for the counseling psychologist which, it is hoped, will show clearly that we are a legitimate and discrete group of practitioners. The pattern does not appear to be duplicated in large part by our colleagues in related fields.

First, the major concern of the counseling psychologist is with *clients*, not *patients*, from the mass of people who can support themselves and live with reasonable adjustment in our society.

Second, our employment is in situations which do not place us professionally under the direction or supervision of related disciplines either as a matter of policy, law, or political or economic conditions.

Third, our tools and techniques of practice are based in general more on normative approaches than are those of related disciplines.

Fourth, we tend to emphasize learning theory at the cognitive, intellectual, and rational levels although not omitting orientation to the content of psychodynamics. We help *clients* to change attitudes and value systems, but we rarely attempt the major restructuring or rebuilding of a personality.

Fifth, we deal usually with anxiety states at the frustrating, interfering levels, not when disability or disintegration is indicated.

Sixth, and our most nearly unique single function, we are the most skilled professional workers in the assessment and appraisal of human traits for educational-vocational-social living: the casting of a psychological balance sheet to aid our *clients* to contribute to, and to take most from, living in our society.

Seventh, we are obligated to follow our *clients* beyond the office door. Until there is *client*-accepted planning for such future action as formal education or training, vocational exploration, and social direction, the counseling process is not complete.

Eighth, and last, we stress positive psychological strengths and their personal and social use as opposed to a process of diagnosing and remedying psychopathies.

I know of no professional group which duplicates this pattern of practice or approaches it closely.

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DEVELOPING A VA COUNSELING PSYCHOLOGY TRAINING PROGRAM: A CASE HISTORY OF UNIVERSITY-HOSPITAL COOPERATION

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TWO trends—the psychologist's increasing awareness of the importance of the individual's vocational life and the vocational counselor's recognition of a need for a psychological study of the individual—have culminated in a new area of professional specialization in psychology. Counseling psychology can be termed "new," not in the sense that new functions are being performed, but in the sense that jobs and training programs are being more formally identified by such titles as that of Counseling Psychologist.

A recent development arising out of these trends has been the creation of the position of Counseling Psychologist (Vocational) in VA Hospitals and the setting up of VA-sponsored training programs. Under the leadership of Robert S. Waldrop, Chief of the Vocational Counseling Service in the Department of Medicine and Surgery, APA-approved training programs have been organized in an increasing number of universities in cooperation with nearby VA training hospitals.

The first such university-VA Hospital training program to be activated was that involving Columbia University's Teachers College and the VA training unit for Metropolitan New York.³ Administrative responsibility for VA traineeships in Counseling Psychology was centered in the Veterans Administration Hospital at Montrose, New York, under the supervision of the Chief of Professional Services through and with the concurrence of the Manager. Trainees have been de-

tailed from the base training hospital to other VA Hospitals in the Metropolitan Area as their counseling services have been set up.⁴ As the first academic and training year under this cooperative program drew to a close, it seemed useful to describe this program in some detail, with the hope that this case history will be of value in the future development of training programs.

Selection of Trainees

In addition to the usual demands of doctoral work (verbal ability, quantitative ability, intellectual curiosity, good work habits, etc.), counseling psychology requires interests and personality characteristics which make intensive work with people interesting and satisfying. This combination of scientific ability with interest and skill in interpersonal relations is sought in candidates during the selection process. In addition, emotional maturity and knowledge of the world of work are particularly desirable so that the student can profit maximally from the training and make an immediate contribution after training.

Admission is initially to the Counseling Psychology training program at the university and is based upon evaluation of undergraduate preparation, scores on the Graduate Record Examination, references, and interviews. The undergraduate program need not have been a major in psychology but undergraduate work in experimental psychology, in measurement and statistics, in the biological and social sciences, and in mathematics is advised. All applicants must provide GRE scores on the Aptitude Examination and the advanced examination in Psychology; those about whose undergraduate record there may be some question are also asked to

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³ Although the program described in this article was the first to get under way, New York University also has an APA-approved program conducted jointly with VA Hospitals in the New York Area.

⁴ As of this writing, Counseling Psychology Service Programs have been set up at the Bronx & Northport VA Hospitals in N. Y., and the East Orange VA Hospital in N. J.

take the profile tests. Interviews are held with advisers at the university or with a cooperating psychologist if the applicant lives at a distance. The applicant brings to the interview an essay on "Why I Want to Enter the Program in Counseling Psychology and How I Plan to Use My Training."

Appointment to the VA program is typically made at the *end* of the first year of graduate work at the university. This insures the necessary background of course work to enable the trainee to perform useful services at the hospital and gives the faculty opportunity to observe the student before recommending appointment.

The university consultants and the VA training chief confer concerning the applicants, a step especially desirable in the case of students whose status may warrant appointment at an advanced level. Factors taken into account are: the number of hours of hospital experience needed to meet Civil Service requirements, readiness to engage in hospital activities appropriate to each year level (see chart), and academic requirements still to be met. The hospital and university training programs should be so coordinated as to be completed at approximately the same time.

One special problem in selecting trainees is the evaluation of the applicant who originally had another goal. There is, for example, the desirable applicant with broad interests and adequate ability who originally applied for training in clinical psychology but was not accepted because of limited quotas. On the other hand, those who see the new counseling training program as a "back door" to clinical psychology, and whose goals are not in line with the broader orientation of the counseling psychologist, are considered less promising.

Since the VA counseling psychologist works primarily with adults and on life problems related to posthospitalization adjustment, maturity of personality and variety of life experiences are unusually important. Familiarity with the world of work and with the attitudes and characteristics of a wide range of the working population facilitates effective functioning. The university has occasionally recommended to a recent college graduate that he secure a year of work experience or complete his military service before entering upon doctoral training in counseling.

The trainee's values and goals must be appropriate to the medical setting and to VA needs. Al-

though VA traineeship involves no legal commitment to later employment in VA Hospitals, one purpose of the training program is to develop a pool of potential employees. Working in a hospital involves a certain dedication to the patient, a willingness to adapt to the working patterns of the medically-oriented professional team, and an acceptance of the goals of institutional practice.

Integration of University Training and VA Traineeship

The broad outlines of a doctoral training program in counseling psychology have already been described in the June 1952 issue of *The American Psychologist*. The focus here is on the development of an integrated university-hospital training program.

Several principles of division of responsibility have proved helpful. The university provides the background knowledge and theory upon which professional skills and understandings are based, and is responsible for developing basic skills and familiarity with professional techniques so that the trainee can provide useful services appropriate to his level. On the other hand, the hospital provides an opportunity to apply knowledge, refine basic skills, and develop professional skills required by the hospital service program. The hospital provides experience in an operational setting, differing from a job in that close supervision is provided and the work experiences follow a graded sequence in a planned developmental program.

To facilitate integration the program is on a five-year basis. The first year is spent as a full-time university student, the remaining four years as part-time student and part-time VA trainee, a pattern already proved effective in the VA Clinical Psychology training program. The five-year requirement may create a recruiting problem, but it is compensated for by the opportunity to earn while in training, the fifth year being comparable in salary and responsibility to the typical first year of postdoctoral employment in other settings. The possible earnings of a VA trainee can total almost \$15,000 over the four years as a trainee, an average of \$3,000 a year if considered as spread over the total five-year period. This estimate is based on \$1,705 for 20 hours per week as a first-year trainee, \$2,625 for 25 hours per week as a second-

year trainee, \$4,048 for 32 hours per week as a third-year trainee, \$4,800 for 39 hours per week as a fourth-year trainee, and \$500 for each of the three intervening summers.

One problem in the division of responsibility is that of preparing the trainees for hospital responsibilities appropriate to their year level. This raises questions of how soon techniques courses should be introduced into the university program, how the testing and counseling practica should be divided

between the university and the hospital, and what university courses should be prerequisite to or concurrent with hospital traineeship responsibilities.

Under the five-year plan, modified to meet individual needs, the training program takes the pattern shown in the following chart. The university courses related to each of the hospital activities are shown in parentheses. The symbol "I-B," for example, refers to a course listed under category B in the first year of the five-year graduate program.

I. FIRST YEAR OF GRADUATE WORK

VA Hospital Activities

None, since students are not appointed to VA traineeship until their second year of graduate study

University Courses

- A. *Basic Psychology*, including
 - Psychology of Adjustment
 - Developmental Psychology
 - Experimental Psychology
 - Behavior Disorders
- B. *Vocational Psychology*, including
 - Dynamics of Vocational Adjustment
 - Introduction to Psychological Services
 - Occupational Analysis and Classification
 - Occupational Orientation Materials
- C. *Appraisal and Measurement*, including
 - Vocational Testing
 - Individual Psychological Testing
 - Projective Techniques
 - Statistics
- D. *Counseling and Rehabilitation Methods*, including
 - Introduction to Counseling Techniques
 - Introduction to Rehabilitation
 - Case Studies of Counseling
- E. *The Social Environment*, including
 - Background Courses in Sociology and Economics
 - Community Social Services

II. SECOND YEAR OF GRADUATE WORK

VA Hospital Activities

(1st-Year Level Trainees)

1. Orientation to hospital and VA policies and procedures
2. Writing abstracts of clinical records (I-D)
3. Evaluation Interviews for assignment of patients to hospital industry and writing reports on evaluation and recommendations (I-B; I-D)
4. Vocational testing of patients, using nonprojective methods (I-C)
5. Maintenance of occupational information library and supervision of patient use of same (I-B)
6. Introduction to group counseling (I-D; II-E)
7. Participation in training seminars and staff conferences (I-D; I-A)

University Courses

- A. *Basic Psychology*, including
 - Theory of Personality
 - Advanced Developmental Psychology
- B. *Vocational Psychology*, including
 - Psychological and Social Factors in Vocational Adjustment
 - Survey of Industries and Occupations
- C. *Appraisal and Measurement*, including
 - Clinical Psychological Methods
- D. *Counseling Methods*, including
 - Theory of Counseling and Psychotherapy
 - Techniques of Rehabilitation
- E. *Related Courses*, including
 - Group Development
 - Design of Psychological Research
 - Community Agencies and Their Part in Guidance

III. THIRD YEAR OF GRADUATE WORK

VA Hospital Activities
(2nd-Year Level Trainee)

1. Advanced testing of patients, including projective techniques (II-C)
2. Evaluation interviews and reports (I-C; I-D; II-C)
3. Co-counselor in group counseling sessions (II-D; II-E)
4. Individual counseling of patients, depending on background and progress of trainee (I-D; II-D; III-C)
5. Field trips to employers and other agencies (I-E; II-B; II-E)
6. Case conferences and staff seminars (II-B; II-C; II-D)

University Courses

- A. *Basic Psychology*, including Advanced Courses in Abnormal, Social, Motivation, Learning
- B. *Vocational Psychology*, including Vocational Rehabilitation Seminar in Process of Vocational Choice
- C. *Appraisal and Measurement*, including Clinical Practice in Diagnostic Case Study Psychology of Special Disabilities
- D. *Counseling*, including Seminar on Rehabilitation Individual Reading and Study in Counseling Methodology
- E. *Departmental Seminar on Doctoral Research*
- F. *Elective Courses*, to meet indiv. needs and interests

IV. FOURTH YEAR OF GRADUATE WORK

VA Hospital Activities
(3rd-Year Trainee)

1. Vocational and clinical testing with minimum supervision (II-C; III-C)
2. Co-leader in group counseling (II-D; III-D)
3. Individual counseling with patients (IV-A)
4. Field contacts with other agencies (II-E)
5. Active participation in case conferences and board meetings (IV-A)
6. Participation in hospital research program (II-E; III-D)
7. Participation in supervision of first-year interns.

University Courses

- A. Supervised practicum in individual counseling, equivalent to half-time program
- B. Final formulation of doctoral research project and at least partial collection of research data

V. FIFTH YEAR OF GRADUATE WORK

VA Hospital Activities
(4th-Year Trainees)

1. Individual responsibility for testing and counseling of patients
2. Agency contacts required by needs of patients
3. Assignment to staff functions as required by annual, sick, and official leave from duty of permanent staff
4. Learning of administrative procedures for monthly reports, intrahospital relationships, etc.
5. Training in supervision of lower-level interns
6. Thesis research if carried out in VA hospital

University Courses

- A. Completion of doctoral research
- B. Final examinations and other final requirements for degree

As can be seen in detail in the preceding charts, the first year is spent on campus and is devoted to basic psychology and to the simpler tools and techniques of the counseling psychologist. Testing practica take place in the laboratory and introduction to counseling is through discussion of case protocols.

During the second graduate year, the student takes advanced courses and is stimulated to develop research interests and skills. Meanwhile, at the hospital, he is given an opportunity to deal with patients as individuals. Facility in establishing rapport develops, but actual counseling relationships are not required.

During the third year, the second-year trainee is given greater responsibilities at the hospital, working with individual patients in counseling and presenting cases in case conferences and staff seminars. At the university he takes more advanced courses, explores areas of research interest, and formulates his doctoral research project.

The student's fourth year is devoted almost entirely to practicum experiences both at the university and at the hospital. At the university he works under close supervision with a variety of clients of different ages and types. This experience with a nonhospitalized clientele provides an important supplement to the continuing work at the hospital, where he has begun to work under less close supervision.

The fifth year points up the planned shift from university to hospital work which has been taking place throughout the program. His course work at the university has usually been completed and his major academic activity is his doctoral research, typically done at the VA hospital under university supervision and with VA approval. At the hospital he has become, in effect, a junior staff member and participates in all the staff functions. He has been rotated through the various types of VA hospitals in the area (NP, GM&S, TB) and through the various types of wards in each hospital.

In summary, this five-year sequence is designed to provide a series of training experiences progressing through content mastery, pre-practicum laboratory practice, field work involving simpler skills under close supervision, and internship practice of higher level skills in a service setting. Each level of practice is preceded by courses and built upon a foundation of knowledge of human behavior. The goal is a broadly trained psychologist possessing specialized skills in counseling with respect to life problems, particularly vocational adjustment.

Evaluation of Training

The ultimate criterion of success of a training program is the quality of work of its graduates. As yet, of course, no such data are available. Evaluation in training is, however, a continuous process, and the university and the hospital have a unique opportunity to pool their evaluations and maintain a close record of trainee progress.

The university staff evaluates the trainee's academic progress as evidenced in courses, his research

ability through supervision of doctoral research, and his professional skills through supervised testing and counseling in laboratory and practica. The hospital staff observes the trainee's application of knowledge and skills while working with patients, his ability to provide service in an operational setting, his maturity in meeting job responsibilities, his professional behavior in team relationships, and his ability to formulate and carry out operational research.

The VA program appoints members of the university staff as consultants, enabling them to visit the training hospitals periodically. Conferences are held both with the hospital staff supervising the trainees and with the trainees themselves. In addition, the university consultant participates in various training seminars and observes the trainee's performance in this activity. Representatives of both staffs participate in semiannual or annual conferences at which promotions to higher levels of VA traineeship are recommended. Evaluations are thus made from the beginning to end of the program through weekly conferences, quarterly hospital evaluation reports, semester grades at the university, reviews by both university and hospital at promotion time, certification for doctoral status by the university at the end of the second year of graduate work, approval of doctoral research by the university, and final certification by the VA that the trainee has completed his traineeship.

The evaluation of the training program itself is also continuous and progressive. It occurs automatically through analysis of the trainee's experiences and performance, through comparison of the university curriculum and hospital training experiences, and through study of the service program to provide outlets for trainee needs. Inadequate skills at various levels of traineeship are soon apparent and point up possible changes in university offerings. Trainee desires to put knowledge and skills to practice suggest improvements in internship functions. The interaction of theory, practice, and research soon becomes evident in such a coordinated evaluation program.

Role, Responsibilities, and Privileges of Consultants

An important aspect of the VA-sponsored training program in Counseling Psychology is the appointment of university staff members as consult-

ants to the training hospitals. As shown above, this results in an improved evaluation process. In fact, however, the consulting relationship has broad outcomes and is the major means of achieving integration of the training program.

The consultant's functions can be classified as Training, Service and Research. The consultant has an important role in the development both of the *training* program as a whole and of individual trainees. Through cooperative planning sessions with the hospital training staff, the integration of university and hospital training (as described in Section 2), and continuous evaluation of the program (as described in Section 3) are facilitated. Other activities include observation of and participation in training seminars and conferences with various administrative officers. Through individual trainee conferences, training seminars, case conferences, evaluation meetings, conferences with supervisors, etc., the consultant can both influence and evaluate the trainee's progress throughout the program.

The basic responsibility for the *service* program resides, of course, in the hospital staff, but the consultant can be a source of advice and counsel with the hospital staff and the administration, particularly as he brings to the setting an impartial attitude, a knowledge of a variety of hospital programs, familiarity with procedures in many types of agencies, and perspective on the general field. In addi-

tion, through case conferences on individual patients and even a case load in emergency situations, the consultant may perform a direct service to patients.

The consultant has a critical *research* role, particularly in the supervision of the trainee's doctoral research. Usually carried out at the hospital with the approval of the hospital research committee, the project remains under the supervision of the university since it is a major doctoral requirement. The consultant, in his dual role of major adviser and consultant, supervises the project from beginning to end.

The consultant also influences in-hospital research through participation in research seminars, discussion of staff projects, and the sharing of research ideas. As the Counseling Psychology service and training programs stabilize, it is likely that various installations will develop coordinated, group research programs in which individual staff and trainee projects will be integrated. The consultant can play an important role in the planning and carrying out of such integrated research programs and in promoting interhospital cooperative research.

The above described program is now more than one year old. It is still developing. We hope that the description of other such programs will lead to further improvement in training in the universities and in the hospitals.

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REPORT OF THE COMMITTEE ON FREEDOM OF ENQUIRY

EDWIN G. BORING, Chairman

Ad Hoc Committee on Freedom of Enquiry

IN March 1954 the Board of Directors appointed this Committee as an *Ad Hoc* Committee on Freedom of Enquiry, recommending that it (a) explore ways in which psychologists, either as such or as individual Americans, can contribute to the preservation and advancement of freedom of enquiry in America, (b) examine ways in which psychologists might collaborate with members of other scientific and professional groups in the advancement of these ends, and (c) examine the question of appropriate APA action in this area.

The Committee on Freedom of Enquiry has held four meetings since its organization. (1) It met in Montreal on 8-9 June 1954 for an afternoon and evening session and a third session the next morning. (2) It met in New York City on 5 September 1954 for a morning and an afternoon session. (3) It met in Washington on 28-29 October 1954 for morning and afternoon sessions on both days. (4) It met in New York City on 23 April 1955 in the afternoon and evening.

The Committee has freely associated with itself consultants and advisers as it felt the need, and the names of various persons who have assisted it at particular stages of its work occur at the proper places. The Executive Secretary has been in constant attendance at the meetings of the Committee, as has Stuart W. Cook because the Committee has been so greatly concerned with surveys of the type which he and Dr. Marie Jahoda have conducted. Miss Edith Annin, the Chairman's secretary, has acted as secretary of the Committee at its meetings and ad interim.

The Committee finds that its mandate is satisfactory and practicable, but it has been unable to come to closure in any of the three areas in which its instructions lie. It has found, rather, that its wisdom increases as it attempts to implement the actions that it considers desirable, and that the course of events very often alters its judgment as to what role the APA should be at any time playing in the promotion of free enquiry. In short, the Committee has been learning as it adapts its ideas

to particular situations, and it believes that the APA, in fulfilling this one of its important functions, is likely to continue indefinitely to learn what is wise and feasible.

In respect of its mandate that it explore the ways in which psychologists can contribute to the preservation and advancement of freedom of enquiry, it offers the general conclusion that psychologists are exceptionally well-qualified to hold the strong middle ground that lies intermediately between hysteria and complacency, and that this special advantage which the psychologists enjoy arises because they are so schooled in research that they think of problems primarily in factual terms. The Committee, therefore, recommends in general that the APA promote, whenever it can, research into an understanding of the conditions that advance the freedom of enquiry, and that it continue to examine the situation in America with this aspiration in mind, so that advantage may be taken of new opportunities to further essential research when changing events bring them to attention. The greater part of the activity of this Committee has been concerned with this segment of its mandate.

The mandate that the Committee examine ways in which psychologists can collaborate with members of other scientific and professional groups in the advancement of freedom of enquiry has been met in part by a conference in October 1954 with fourteen representatives of other organizations, and also by various contacts with other societies as the Committee has sought to further its various projects. The Committee anticipates additional ways of improving cooperation with other scholarly organizations as opportunity may presently make possible.

The third mandate was that the Committee examine the question of appropriate APA action in the matter of sustaining free enquiry. Except for its recommendation that the APA appoint a legislative observer to act for it or for a group of the behavioral sciences, the Committee has not deemed it necessary to ask the Board or the Council for

special action, since the projects in which it was interested could be promoted or encouraged by the Committee without formal executive action by the APA or the appropriation of funds.

This report now considers the six more important projects in which the Committee has involved itself during its year of existence.

1. Relation to Other Scientific and Professional Organizations and Their Representatives

The October conference. On the morning of 29 October, in the APA's conference room in Washington, the Committee met with fourteen invited guests from other organizations which have a concern similar to the APA's with the problems of freedom of enquiry. The persons present were:

Seymour Beardsley—Research Associate, Washington Seminar, American Friends Service Committee
S. Douglas Cornell—physicist; Executive Officer, National Research Council
D. H. Daugherty—Assistant to the Director, American Council of Learned Societies
Watson Davis—Director, Science Service
Virginia Kinnaird—Committee on Academic Freedom, National Education Association
Donald N. Michael—psychologist, National Science Foundation
Warren C. Middleton—Staff Associate, American Association of University Professors
Walter Millis—consultant, Fund for the Republic
Boyd C. Shafer—Executive Secretary, American Historical Association
A. H. Shapley—former Chairman of the Executive Secretariat, Federation of American Scientists
Richard Sheldon—Behavioral Science Division, The Ford Foundation
Herbert E. Striner—economist, National Science Foundation
Elbridge Sibley—Executive Associate, Social Science Research Council
Mottram Torre—consulting psychiatrist, Department of Defense and Foreign Operations Administration.

At this conference, the Chairman outlined the work and aspirations of the Committee with regard to five projects. Stuart Cook then discussed the proposed survey of the psychological effects of conformity pressures which the Committee had been

promoting. (Cf. Section 2 of this report.) Fillmore Sanford described the need for an information center for behavioral science in Washington. Discussion became quite general, and there was much talk about possible sponsorship for these undertakings. Drs. Cornell and Sibley discussed the possible roles of the NRC and the SSRC, respectively. Mr. Millis indicated that the Fund for the Republic might be interested in the survey. Though the conference was not competent to make decisions or come to conclusions, the Committee felt that it had profited greatly by the advice of its guests, that its guests had been stimulated and interested by being brought together in a common cause, that American psychologists had been advantaged by making allied organizations more aware of the interests and competences of psychologists. The meeting lasted for three hours and certain of the guests who had given notice that they must leave early were still present at the end. Out of this conference grew decisions as to further action in promoting the type of survey which Cook had discussed. The guests were also made aware of the interests of psychologists, of the fact that they are active in this field, that they have both a Committee and a place in Washington where conferences of this sort can be held with ease.

Federation of American Scientists. Excellent rapport exists between the APA and the Federation of American Scientists. Mr. John B. Phelps, as their representative, attended the September meeting of the Committee in New York, and the FAS also had a representative at the October conference. The FAS supported the APA's action when it requested the AAAS to sponsor the survey which it has been promoting. The Committee favors support of the FAS by psychologists, and the Committee's Chairman has been elected a member of the Advisory Panel of the FAS. The FAS will use the APA's conference room for its spring conference.

National Academy and National Research Council. The Committee has been kept informed of activities of Detlev Bronk, the President of the National Academy of Sciences, in getting the Government to request advice from the Academy in matters affecting its relation to scientific work. Dr. Bronk and Dr. Pendleton Herring of the Social Science Research Council conferred with the Chairman about the survey in which the Committee is interested. This meeting between representatives of the Committee, of the National Academy and of the SSRC was suggested at the October conference. Glen

Finch, the new Executive Secretary of the Division of Anthropology and Psychology of the National Research Council, has been kept informed by the Chairman of the activities of the Committee and recently has been invited to attend its meetings. It seems reasonable that the two centers of psychological interest in Washington, the APA and the NRC, should cooperate in these matters.

Other organizations. The Committee has on two occasions made suggestions to the SSRC of projects which it felt that organization might promote, but they have not fitted in with the current policies of the SSRC. The Committee, through Nevitt Sanford, has excellent relations with the Committee on Social Issues of the *Group for the Advancement of Psychiatry*, a group which is related to the American Psychiatric Association. It is thought that there will be possible ways of cooperating with this committee in the future. The Chairman has had some contact with the *American Institute of Physics*, mainly while exploring the possibilities of sponsorship for the survey, but this relationship has not advanced further. The Committee has been in contact with the *Fund for the Republic* about the survey, and might be again. Later, in Section 6 of this report, the relation of the Committee to the group of *Columbia historians* who are working on the history of some of these attitudes is discussed. There is no doubt that the continuation of activities of this sort constantly produces new contacts with men and organizations in allied fields.

2. Survey of Effects of Conformity Pressures

The promotion of a survey of the Cook-Jahoda type to determine the effects of conformity pressures on psychologists and scientists has been the chief undertaking of the Committee from the start. At the Montreal meeting in June, it was planned to promote such a survey among psychologists in the APA. During the summer, contact with the Federation of American Scientists led the Committee to believe that the survey should be extended to include physicists, and Mr. John B. Phelps, who represented the FAS at the September meeting of the Committee, strongly supported this view.

At this meeting, however, the Committee came to the conclusion that the survey should be extended still further beyond physicists and psychologists to include scientists in general and perhaps even some scholars from nonscientific disciplines. Thus the Committee conferred with Dr. Dael L. Wolfle on

the possibility of having a general survey sponsored by the AAAS, a survey that would derive its sample from the memberships of the societies affiliated with the AAAS. Increasing the breadth of the survey would not only secure more information, but would in a sense also provide controls, since some of the sciences are under less pressure for security and loyalty than are others. At the October meeting Wolfle reported that the AAAS did not feel free to add the Committee's project to the many other undertakings in which it is engaged, but the Committee was encouraged by the guests at the October conference, who reassured the Committee of the importance of the project and urged it to continue its efforts. At this time it seemed possible that the Fund for the Republic might support such a survey, and Mr. Millis, who was present at the conference, was requested to explore the possibility.

In January, however, the Fund for the Republic announced its support of a survey to be made under the auspices of the New York City Bar Association, indicating that it would not at that time support the project of the Committee unless the Bar Association cared to take it over. At the same time the Chairman, on instructions from the Committee, attempted to secure joint support from the National Academy and the SSRC, but this arrangement did not prove practicable. In part the difficulty seemed to be that other projects of a similar nature were getting under way with money from the Fund for the Republic, all projects of much more limited scope than the one which the Committee envisaged as basic.

At the April meeting of the Committee in New York, the Committee was informed of two surveys which are now being initiated with support from the Fund for the Republic and of a possible third one. The first is the survey of the New York Bar Association, which appears to have developed into an examination of particular cases in which lawyers have defended persons who are attacked as security risks or as not certainly loyal. This important legal survey seems never to have been near enough to a psychological study to have included what the Committee had in mind.

The other survey is one of teachers of social science in the colleges. It is a very thorough undertaking which contemplates about 2,000 interviews under a carefully pretested interviewing schedule. The Committee noted that this survey is too narrow to yield the maximal amount of information, and also that it is unfortunate to call attention to the

social scientists as a class of people with special difficulties. The Chairman was instructed to make this suggestion to the Fund for the Republic with the hope that it could undertake the larger survey. The Committee's project would provide a maximal amount of information, would provide the cross-comparisons which act as controls and would be definitive as against the scope of the current issue.

The Committee does not know what success it may have had up to the present time in relation to this project. As yet it appears to have had no great success; yet it has met with approval from many groups who have been consulted and not actually with disapproval from any quarter at all, although cooperation has not always been forthcoming. The fact that many others have conceived similar surveys at the same time and that there has been some cross-communication among the people thus engaged makes it difficult to say whether the Committee has participated in any of the current activity or whether a survey merely seems a natural undertaking to anyone who tackles this problem at the present time. At any rate, the definitive research still remains to be initiated.

3. Manual of Psychological Information

Since the Montreal meeting in June the Committee has favored the writing of brief psychological pamphlets or shorter précis about those facts of social psychology that the public and legislators need to know if they are to understand the problems related to the maintenance of freedom and security. It was believed at first that such précis might take the form of printed pamphlets or leaflets, or even of mimeographed handouts, which could be given to legislators or sent to columnists as suggestive of something which they might write about. The texts, it was believed, should be informally written and edited by experts in accurate popularization.

At the October meeting Nevitt Sanford agreed to advance this project by making out a list of questions which might be answered easily and informally by competent psychologists. The task proved, however, to be exceedingly difficult. In January he sent to the Committee a list of 85 questions, but many of them were the formulation of problems that waited on research for answers and were not questions to which psychologists now had sure and ready replies. A similar undertaking, the Committee learned in April, has been under way by Drs. Stuart Cook and Marie Jahoda. Both projects

have discovered that the questions can not be formulated until the framework in which they are placed has been analyzed and understood by the persons who are to profit by the answers. For instance, the notion of pressure for conformity involves a comprehension of what conformity is, the extent to which good social structure depends upon good conformity, and the kinds of events in which pressure for conformity is antagonistic to freedom of enquiry. Nevitt Sanford has been working with a seminar on this problem, and the Committee is standing by, offering to help when it can, while both projects are continued by their sponsors. It is obvious that a manual of information that bears on these social topics is not to be easily written, but the Committee continues to think that it can eventually be achieved and that it would prove extremely valuable, either as a book addressed to the intelligent layman or as a series of short pamphlets.

4. Government Liaison

The Committee has felt it desirable that liaison with Government be promoted by the appointment of a person as liaison officer. This person has sometimes been referred to as a legislative observer, for one of his functions would be to keep informed concerning bills pending in Congress to see whether psychologists are affected by them or whether their promoters would profit by psychological information. The functions of such an officer would, however, be much broader than the observation of legislation. He would attempt to suggest expert witnesses when legislative hearings require them or expert consultants when Government agencies need them. He would attempt to interpret administrative and legislative reality to scientists. He might best at the start represent several societies and not the APA alone. The Committee still believes that the appointment of such a person would be desirable.

The Executive Secretary reports that, as an alternative, he is recruiting a group of Friends of the APA in Washington who will perform as many of these functions as are practicable, meeting three or four times a year or oftener if necessary to discuss the problems which arise.

Eventually the Committee believes that the Government should have in Washington some sort of an information center for the behavioral sciences, a council which could advise the Government on

questions that involve the conduct and attitudes of human beings. The Committee keeps discussing the question as to whether the National Academy and the NRC could be expanded to include social science, or whether the SSRC could be utilized by the Government in the way that the National Academy is coming more and more to be utilized. It is not easy, however, to change existing institutions so radically, and it would seem easier to create a new body to perform this function.

A great deal of valuable information about public attitudes toward the behavioral sciences would be obtained, the Committee thinks, if a bill were introduced into Congress for the purpose of establishing an information center or research council in the behavioral sciences in Washington. Even though the bill at first got no further than a hearing, a hearing would itself help to define the present practical problem.

5. *Bibliography*

The Committee has been maintaining, in the hands of Nathan Maccoby, a bibliography of research on topics related to freedom of enquiry and pressures for conformity. This bibliography includes some discussions that are not research. It is not large, and the research studies are very few in number. The Committee believes that the bibliography should be maintained and passed on to other auspices when the Committee's other functions have been fulfilled.

6. *History of Freedom of Enquiry and of Pressure for Conformity*

At the Montreal meeting of the Committee in June, the point was raised that the pressure for conformity ought to be assessed in relation to the historical norm. Is the current situation normal if large time samples are considered, or is it unusual, is it more acute than is implied in the statement that democracy is a perpetual emergency? Accordingly the Committee invited Dr. Richard Hofstadter, an historian from Columbia University, to its September meetings so that he might report on the work of a Columbia group. His report then, supplemented by a letter in the following April, shows that the Columbia University Press will publish in the fall of 1955 two volumes, the first of which, by Dr. Robert M. MacIver, will deal with the history of freedom and conformity during the past half-dozen years and is addressed to the educated layman, and the second of which, by Dr.

Hofstadter and Dr. Walter Metzger, will deal with the history of academic freedom in America for the period 1636-1870 (part I, by Hofstadter) and from 1870 to the present time (part II, by Metzger). Dr. Hofstadter says that no general volume on the history of freedom of thought and action has ever been written and that one ought to be. The Committee suggested that the SSRC consider promoting some such activity, but the Committee, not being a committee of historians, found itself unable to discuss this historical need convincingly. It is possible that there is need both for a scholarly volume on the total problem of freedom of thought and action in Western civilization within and without the universities, and also for some other undertaking for the educated layman.

Another project, suggested by Dr. Paul Buck, the Harvard historian, was that an historian and a psychologist should collaborate in the writing of such a volume, the psychologist formulating the questions which the historian would be asked to answer. The Committee finds itself greatly interested in this suggestion, but lacking in the historical perspective that would enable it to promote the project effectively. It is looking for an opportunity to encourage an historian to advance the project.

These paragraphs describe the activity of the Committee during a year of great interest in its assignment. The Committee had four meetings and it undertook to promote its interests ad interim. It had neither money nor time in great amounts to devote to its purposes. It sought to think clearly, to keep the middle ground between hysteria and complacency, to advocate research, to point to the areas where research could at a given time be most effective, to galvanize into effective action others who were ready to undertake research. It has found itself participating in similar interests that are being promoted by other related scientific and professional groups, and it has the impression that its own activities have stimulated others to comparable endeavor, just as the Committee itself has been stimulated by others. The Committee holds firmly to the belief that continuing activity of this sort within the APA is important for the advancement of psychology as a science, as a profession, and as a means for promoting human welfare.

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 Limbacher, Walter J.
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 Lindgren, H. C.
 Lindley, Clyde
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 Lippitt, Ronald
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 Matt, Zeldah V.
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 son
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 Schwartz, Lillian
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 Skinner, James A.
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 Stark, Stanley
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 Stern, Phyllis G.
 Sternberg, Carl
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 Stevens, Saul
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 Tasso, Charles A.

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Termen, Lewis M.	Vargas, Manuel J.	White, Bernard L.	Woo, Kun Kan
Teuber, Hans-Lucas	Velazquez-Flores, Guillermo	White, Elisabeth E.	Wood, Austin B.
Thayer, C. R.	Vermillion, Mary E.	White, Mary A.	Wood, Ben D.
Thevaos, Deno G.	Verniaud, Willie Maude	White, Robert W.	Woodruff, Joseph L.
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Thomson, Kenneth		Wilcox, Katherine W.	
Thomson, Robert M.		Wilkening, Howard E.	
Thorpe, Lewis P.		Wilking, S. Vincent	
Thurlow, Willard R.		Willerman, Ben	
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Tolcott, Martin A.		Williams, Cornelia DeCamp	
Tolman, Edward C.		Williams, Cornelia Taylor	
Tolman, Ruth		Williams, Hanna M. S.	
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Tomlinson, Brian E.		Williams, Malcolm J.	
Tomlinson, Helen		Williams, Mary S.	
Tondow, Murray		Williams, Roger K.	
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Torrey, Jane W.		Willmann, John	
Traux, William E., Jr.		Willmorth, Norman E.	
Treat, Wolcott		Wilson, Phyllis C.	
Trites, David K.		Wing, Cliff W., Jr.	
Trout, Alfred F.		Winkler, Walter H.	
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LIST OF ERRORS IN 1955 DIRECTORY

There follows a list of the known errors in the 1955 APA Directory. Some of them were called to our attention by the members; others were discovered by chance. This will be the only errata list published. Instructions for correcting or changing existing entries, or for submitting new information, are given on the last page of the Directory.

Page 11. Ausubel, Dr. David P. APA membership status should be changed to A(49); F(54) 7, 8, 12. His name should be added to the list of Fellows on page 507.

Page 23. Berg, Jacob. APA membership status should be changed to A(52) 3. His name should be added to the list of Associates on page 500.

Page 40. Brooks, Morton D. Change address from 241 W. 23rd St., New York 11, N. Y., to 20 *Knox Ave., Buffalo 16, N. Y.* He is correctly listed in the Geographical section.

Page 44. Bunzel, Joseph H. APA membership status should be changed to A(54) 9, 10. His name should be added to the list of Associates on page 519.

Page 48. Campbell, Mr. Donald T. Change PhD 39 to PhD 47.

Page 56. Clark, Ruth M. Entry should be: 61 Irving Pl., New York 3, N. Y. MA 50 NYU. Reeduc. dir., Nat'l Hosp. Speech Disorders. A(52).

Page 56. Clark, Dr. Ruth M. Change address from 2020 S. York St., to 2030 S. York St. She is correctly listed in the Geographical section.

Page 67. Curtin, Dr. Wylma R. Her entry is out of alphabetical order. Now appearing after Currie, Dr. John Patterson, it should be after Curti, Margaret W., page 68.

Page 99. Forbes, Dr. Theodore W. Change address to American Institute for Research, 410 Amberson Ave., Pittsburgh 32, Pa.

Page 112. Ginnott, Dr. Haim G. Should be *Ginott*, Dr. Haim G. Change EdD 42 to *EdD* 52. He is correctly listed in the Geographical section.

Page 132. Harper, Miss Bertha P. Change APA membership status to A(41) 5.

Page 159. Jones, Elvet Glyn. Insert *Cert-Minn*.

Page 186. Lesiw, Dr. Walter. APA membership status should be changed to A(52) 3, 8, 19. His name should be added to list of Associates on page 501.

Page 205. Massarik, Fred. Change PhD 54 UCLA to *MA* 48 UCLA.

Page 214. Mellenbuch, Prof. Parl L. Should be *Mellenbruch*, Prof. Parl L. He is correctly listed in the Geographical section.

Page 226. Moshowitz, Dr. Israel. Should be *Mowshowitz*, Dr. Israel. He is correctly listed in the Geographical section.

Page 276. Sanford, Dr. Nevitt. Change Melton Found. to *Mellon* Found. in position data.

Page 292. Simpson, Dr. Ray H. Change APA membership status to A(39); F(54) 15.

Page 293. Simpson, Dr. Ray Mars. Change APA membership status to A(33).

Page 310. Strupp, Dr. Hans H. Change Resch. psych't, Pers. Resch. Proj. to *Proj. sci, Psychother. Resch. Proj.* in position data.

Page 332. Warringer, Dr. David A., Jr. Should be *Warriner*, Dr. David A., Jr. His name should be corrected in the Geographical section, page 399.

Page 398. Pattie, Frank A., U. Kentucky. Should be C Pattie, Frank A. He is correctly listed in the Diplomate section, page 484.

Page 432. Insert in New York City Geographical section, Locke, Bernard, Manhattan VA Hosp.

Page 435. Change Kroll, Abraham, from listing under Bur Child Guid, Bd Educ. to Kroll, Abraham, Bd Exam, New York City, page 432.

Page 435. Change Guanella, Frances M., from listing under Bur Child Guid, Bd Educ, to Guanella,, Frances M., Bd Exam, New York City, page 431.

Page 502. Insert name of Simon, Charles W. in list of Associates, Division 3.

Comment

Comments on "Understanding Psychiatrists"

Richard L. Jenkins' "Understanding Psychiatrists" (*Amer. Psychologist*, October 1954) deserves further discussion and thought. Perhaps one difficulty between psychiatrists and psychologists is that neither is ideally prepared. The overwhelming emphasis of medical education is somatic. The psychiatrist in his most formative years of professional training is learning somatic habits of thought that may influence him permanently. Not only is he subjected to four years of medical school and one year of internship devoted mostly to somatic approach to human ills, but his years of premedical training usually emphasize the physical rather than the mental sciences. After nine years of such basic orientation, the young psychiatrist starts to concentrate on mental ills. His previous years of preparation have taught him how to prescribe a formula for a baby and how to treat heart disease; but in all likelihood he knows very little about developmental psychology, mental tests and measurements, or counseling techniques. Because he is likely to be ignorant of the vast body of solid psychological knowledge that has been built up, he is likely to discount it. Thus, he may be prone either to treat mental disease through physical trauma or, finding the somatic sciences totally unsuitable and not having been introduced to the psychological sciences, he goes to the opposite extreme and becomes a proponent of psychoanalysis.

The clinical psychologist, on the other hand, usually has far too little training in physiology. His years are spent with little attention to the physical aspects of emotional disorders. For instance, insomnia may be caused by a chronic calcium deficiency and neurotic traits may be induced by subacute thiamine deficiency. Yet these facts are not likely to be used to their fullest potential by a person who has been trained almost exclusively in the mental sciences—with only a little unrelated biology thrown in.

What is needed is a degree of "Doctor of Psychology" to be awarded by the same institution that awards the "Doctor of Medicine" degree. Students interested in both branches of healing might share the first two years of training in which the basic science of psychology, physiology, and allied subjects would be taught. Then, those specializing in somatic problems would specialize to earn the MD while those interested in the mental problems would go on with more psychological training and thus get the PsyD. The PhD degree could be earned by both doctors of medicine and doctors of psychology who showed proficiency and interest in scholarly research.

Psychiatrists would need both the doctor of medicine and doctor of psychology degree in addition to further training. Under such an educational system, there would be little conflict between the psychiatrist and the clinical psychologist. The psychiatrist would be accepted as a specialist by the doctor of psychology as easily as a general practitioner of medicine accepts the surgeon as a specialist.

Furthermore, the public would get both better physical and better mental care. The general practitioner, the clinical psychologist, and the psychiatrist would be better prepared to deal with psychosomatic human beings if their early professional training included large amounts of both the physical and the mental sciences.

NILES NEWTON
University of Pennsylvania

In his article Richard L. Jenkins clearly states his belief that psychology and psychiatry are, and ought to be complementary professions, although he goes on to recognize that there is presently a considerable lack of agreement between the two. As the article progresses, however, we find that he takes leave of those beliefs and, in his attempt to describe the elements which have determined psychiatric thinking, continues to foster the notion that psychologists in the clinical field should function only under the direct supervision of medically trained personnel. The writers heartily concur with Jenkins' ideas on the complementary nature of the two professions, but they must respectfully decline to accept his claim that responsibility for a psychologically disturbed person rests ultimately with the physician. Such responsibility, we submit, has as its criterion adequacy of training, rather than a specific professional title.

Dr. Jenkins virtually insists on this, for he claims that the psyche and soma are so interrelated as to necessitate direct supervision of the mentally ill by medically trained individuals. He fails to note, however, that the influence of the one on the other remains a matter of degree, no matter what the type or extent of disturbance. Should the influence of the physical component on the mental be so negligible as to require only minimal concern by the physician, we believe that the clinical psychologist is equally qualified with the psychiatrist to diagnose and treat the mentally ill. But even here, particularly at the initial stages of diagnosis and treatment (viz., ruling out the physical components as the underlying factors of the ailment), close cooperation between the two professions is of the utmost importance.

Because of a depth of concern for the welfare of his patient, the psychiatrist may at times feel that a more complete understanding of him would be facilitated by calling upon other individuals, such as psychologists, for their opinions. In such a case, the psychiatrist would of course retain final responsibility. The psychologist, too, is capable of feeling a deep concern for the welfare of his patient and, just as the psychiatrist can call upon the psychologist on a consultative basis, so can he, when he has original responsibility for a patient, call upon the physician for his contribution while still retaining the ultimate responsibility. Thus, in the course of psychotherapy, newly arrived physical symptoms can only be evaluated by the physician.

We certainly believe that any psychologist who accepts responsibility for the treatment of a mental illness should, prior to treatment, require a complete physical examination by a competent physician; this does not imply that the physician then assumes final responsibility merely on the basis of his medical training. Another time when the psychologist should refer a patient to a physician is when symptoms of physical disturbance arise during the course of therapy. It is our understanding that a similar practice exists in the field of psychiatry, wherein the psychiatrist refers his patient to, or consults with, an appropriate medical specialist in regard to physical ailments which may have arisen.

The question of the therapeutic competence of psychologists arises at this point. It is our firm belief that this would best be determined by a board composed of psychologists of recognized standing, since they would be best qualified to judge the adequacy of psychological training. Despite continued opposition by some members of the medical profession, clinical psychology has continued to advance in its efforts to make psychological diagnosis and psychotherapy more readily available and helpful to those who need and want it. It seems only a question of time before society will sanction these efforts by creating appropriate legal machinery.

ERWIN LESSER AND EDWARD KARMIOL
State College, Pennsylvania

In "Understanding Psychiatrists," the writer was ostensibly attempting to establish a better communication of ideas between psychologists and psychiatrists. Greater understanding is a goal much to be desired for the good of both groups, and of particular necessity for the welfare of the entire community.

Such is the guise in which the Jenkins missive is cloaked. Yet what it actually communicates is the same time-worn proposal that we have heard so often: If you clinical psychologists will subordinate yourselves to us psychiatrists, we will accept you into the fold.

If you do not accede, there will be war between us. Such a struggle will hurt both professional groups, and the public most of all.

The whiskers on this statement are long. Here again is the implication that the psychologists' failure to submit will be responsible for both professional groups being injured, and the greatest harm being done to the common weal. Jenkins also implies that it is the psychologists who are the initiators of this struggle. It is a neat trick to interpret self-defense as assault.

It is also sad to note the repetition of other stereotyped sophistries. One such physicians' straw man is that psychologists wish to divide the individual into soma and psyche, assigning the former to medicine and the latter to psychology.

Psychologists long ago stopped thinking in terms of crude mind-body dichotomies. The organismic approach has long been taught by psychologists. It is ironic to see this attempt to turn our own teachings against us. Modern psychology is "the study of the mind as contrasted with the body" only in the minds of a few physicians who are still burdened with archaic concepts of mind-body dualism. Psychology, as Freud recognized, represents a distinct science on its own plane of integration. Its relation to biology is no more and no less than the relation of biology to chemistry and physics. In any ultimate sense, all science is one. Yet there are *many levels of fruitful approach, each equally valid and possessing its own utility.*

Today's psychology views man as a biosocial organism operating in a dynamic, purposive way in interpersonal and psychophysical areas. Chemistry and physics contribute to biology. Biology similarly serves psychology. Yet no one gives the chemist or physicist special prerogatives to dictate to biologists what is proper for biology. Physicians, who are primarily oriented in biology, should have no special authority in psychology. Psychology is a legitimate and complex science on a level of integration outside the training of most psychiatrists and other physicians. Psychology, when concerned with emotions and feelings, requires a content and technique foreign to the training that biology provides.

Other old chestnuts can be noticed, such as Jenkins' concern that somatic factors which contribute to the individual's psychological state are likely to be ignored by the psychologist. This fear is based on two common fallacies often heard from medical men. One is that only psychiatrists can refer their patients to other medical men for physical examination. And secondly, there is a "desert of ignorance" with regard to biological matters outside the field of medicine. One might almost think that they have a secret and sacred monopoly on such knowledge. If they would become acquainted with the psychological curricula listed in

graduate school catalogues, they would discover that a solid base of relevant physiological data is requisite.

Genuine understanding of the troubled individual calls for an intensive psychological investigation of the psychodynamics operative. Psychotherapy must be worked out, as its name implies, in the form of psychological therapy. Medical consultation has its place, but its function is to clear the field, primarily in an eliminative way, for the major and vital psychological effort that must follow.

At one point Jenkins turned to the judgment of the lay public to discover the nature of what constitutes illness. He states that disease is a matter of social definition and reaction. Historically, this would appear to have been so. An individual customarily has been called "ill" when some condition exists in or about him that makes him less able to survive, causes him unhappiness or pain, or when society felt that his behavior did not follow "normal" patterns. Obviously, then, "disease" has been a matter of interpersonal value and judgment, justified as a concept in terms of its utility.

When progressive humanitarians first suggested that severe psychological disturbance was a kind of illness, there was a greater likelihood that the poor disturbed wretches of the time would suffer less abuse and obtain a modicum of improved conditions. Here again we must remember that the final arbiter has been public opinion and the ultimate criterion the general good. Physicians have done much to help those considered "ill." But we must not allow rigidity and arbitrarily limited concepts of illness to be exploited in blocking further human progress. The good that physicians have done should not be perversely employed to prevent the good that psychologists can do and have done.

If the psychiatrist claims sole or primary right to supervise those who deal with emotional problems, then he is encroaching upon the distinctive roles and professional integrity of other professions such as the ministry and psychiatric social work, as well as clinical psychology. We hear no demands from professions such as these for the controlling authority in psychotherapy. Are they any less interested than physicians in the public good?

In the past, it was necessary for psychology to sever its identification with philosophy in order to progress. Just as individual mental health requires growth in independent responsibility, so also does the maturing science of psychology. The heavy-handed efforts of suppression by medical groups in the past should leave us no illusion as to how we might fare under subordination in the future.

HAROLD KENNETH FINK AND HERBERT M. SCHALL
New York, New York

The efforts to clarify the relations and/or the responsibilities of psychiatrists and psychologists continue, as shown by Dr. Jenkins' article and the American Psychiatric Association's resolution on "Relations of Medicine and Psychology."

Dr. Jenkins' article and the resolution have many points in common, but one that would seem to need further clarification is the definition of "psychiatric disorders," which Dr. Jenkins and the resolution claim to be the special province of psychiatrists. Neither Dr. Jenkins nor the resolution goes into this important matter in detail, although an earlier APA resolution (dated March 7, 1954) referred its readers to the *Standard Nomenclature* as the ultimate source for definition. As Daniel Weiner has pointed out in the October, 1954 *American Psychologist* (in "Comment") the nomenclature includes categories of "minor transitional personality disturbances," the diagnosis and treatment of which psychologists have for some years assumed. It would appear that psychologists have real and justifiable cause for concern if the implicit assumption lying behind the psychiatrist's definition of "illness with mental symptoms," and hence their *sole* and *primary* responsibility, is that the *Standard Nomenclature* is the criteria. We must recognize that the present nomenclature includes a much greater range of personality disturbances than has any previous manual, reflecting the work of psychiatrists in "fringe" fields. If psychiatrists would hedge and claim that they mean the more "serious" disturbances, the traditional working areas of psychiatry, then psychologists have a right and a need to ask how the so-called "functional" disorders (i.e., psychoneurosis, etc.) are to be defined.

Dr. Jenkins explicitly, and the resolution implicitly, makes use of the indivisibility of the psyche and the soma as the logical justification for the psychiatrist having ultimate responsibility for diagnosis and treatment of mental illness. It would appear that no psychologist whether practicing his profession independently or in a psychiatrically supervised situation would argue with this concept. But this concept would seem, to me, no argument against the psychologist independently handling and/or assuming responsibility for the diagnosis and treatment of personality disturbances which involve little likelihood of somatic emergency reactions or little likelihood of requiring somatic intervention as a prerequisite to, or condition of, treatment. To claim that the validity of the "psyche-soma" justifies the primary responsibility of the psychiatrist and forecloses any other profession from assuming the responsibility for any disturbance except a vague, fleeting worry is similar to believing that, owing to the concept in question, lawyers, politicians, etc., likewise have no justifiable claim to an independent profession. Dr. Jenkins' quote from an address he made to col-

leagues would seem to indicate that perhaps subconsciously some psychiatrists have felt as much, and have had resultant conflict.

Finally, there is one implication in Dr. Jenkins' article with which I take offense. He seems to imply that others (psychologists?) are incapable of assuming the kind of total and consistent responsibility that doctors, because of training and experiences (and temperament?), assume for their patients. This is almost too obviously fallacious to be worthy of a comment. I myself would agree that much of the training of psychologists, plus some of their "research temperament," is not particularly designed to inculcate such a total and consistent responsibility. Clinical psychologists have a great need to become more "patient-" or "service-oriented" and one can see such a response occurring and increasing each year. Even with supervision there can be little doubt but that the psychologist-therapist assumes a responsibility for his patient as intense and consistent as the doctor's, and this I say from personal experience. That this happens in spite of training is enough of a rebuttal to Dr. Jenkins. That this is happening may be part of the reason for the skirmishing being so exceedingly heavy, while the needs are so great that even if clearly delineated areas of responsibility were established, there still would not be enough psychiatrists, psychologists, and social workers to go around.

STUART E. ATKINSON
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I strongly question whether physicians are disturbed because psychologists are relieving them from some of the responsibility, as Dr. Jenkins stated in his article. I also wonder whether physicians are too concerned about dividing the ill person into soma and psyche. If this were truly so, there would be no place for the pediatrician, since the fact remains that the pediatrician is often among the most naive in the awareness of psychological problems. Yet their conscience does not seem to bother them because they have turned their attention to soma. I would also question whether the psychiatrist is necessarily more able to handle the psychological aspects of his patients because he has delivered a baby or seen tissue under a microscope. The academic background, the theoretical aspects of behavior, the course work in psychology offered to medical students can hardly be compared to the academic course work and background of the PhD psychologist for the very reason that Dr. Jenkins mentioned—the medical students had to spend so many hours studying soma that there was little if any time left for psyche. Though Dr. Jenkins rejects such a dichotomy, the fact remains that in practice there are ear, nose, and throat men, skin specialists, etc. Perhaps Dr. Jenkins would

argue that the MD degree binds automatically psyche and soma together. To be certain it is a powerful degree! But then we must wonder why, of late, the physician has not protested the dentist. The abscessed tooth certainly affects the psychological state of the individual, and yet the dentist, without the MD degree, diagnoses and treats the patient without any emotional reaction on the part of the physician for relieving him from the responsibility of such patient.

Dr. Jenkins speaks of the physician's authoritative role in relationship to the patient. This rings more true. There are perhaps many physicians who glory in this status, and resent anyone else enjoying such a relationship with an individual. Along with this lies the danger that the physician begins to believe in his own omnipotency, and extends it beyond the doctor-patient relationship.

In the clinical psychologist's training we have learned and have been rigidly disciplined in the clarification and acceptance of our limitations as well as our areas of responsibility. Because of not having the MD degree, we are overcautious and alert to a physical complaint of a patient, perhaps much more so than the psychiatrist who because of his degree may take chances where we dare not. The pediatrician freely gives advice about the bringing up of a child, often without having had a single course in psychology—but this does not seem to trouble the psychiatrist. The psychologist, on the other hand, never in my experience, has dared to offer a patient an aspirin for a headache.

If education may be defined as a positive growth process in which the individual comes to better terms with his world, learns to understand his behavior, to replace faulty thinking by sound logic, learns to use energy constructively so that his behavior positively rather than negatively affects himself and his environment, then all psychotherapy of necessity is an educational process. Human behavior in terms of the self, and perhaps more important, in terms of the interpersonal relationships existent in society has been most systematically understood, and therefore by necessity, diagnosed by psychologists. When diagnosis is made, it is always in terms of treatment, of education and re-education of the individual. It is difficult to understand why it disturbs the psychiatrists that this is being carried on by individuals of integrity, individuals trained for such responsibility, individuals overzealous in the appreciation of their specialty, and therefore of their limitations.

As a final point I should like to mention Dr. Jenkins' comments on the conflict existent between psychiatrists and clinical psychologists in private practice. The psychologist having clearly defined his areas of responsibility and limitations does not see himself in conflict with the psychiatrist. He indeed finds it difficult to

understand the rejecting attitude of the psychiatrist. The hostile feelings are apparently one-sided.

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Military Reports as Equivalents of "Personal Communications"

There is no simple answer to the question of how to treat, bibliographically and in reference to substance, the technical unclassified reports issued by military laboratories (*Amer. Psychologist*, 1954, 9, 642-643). Furthermore, the problem pertains, in an equal measure, to civilian research organizations which carry on investigative work supported by federal funds and are required to provide reports on their work. The reports (Progress, Phase, Annual, Termination) vary a good deal in nature and frequency, depending on the policy of the contracting agency. Many of them are necessary on purely administrative grounds. Some deal with routine applications of well-established procedures and are of no scientific interest. The progress reports are frequently written in the heat of the work and some of the conclusions may not stand up under subsequent more leisurely and more critical analysis. Wisely, the footnote is frequently added, stating "This is not a final report. Conclusions stated are subject to change on the basis of additional evidence." A major part of this literature is justly destined to oblivion. University librarians should consider restricted distribution a distinct blessing, saving shelf space and years of labor involved in cataloguing the material. Data which contribute to the general fund of knowledge should be made available in professional journals. For practical purposes, it is *these* papers that should be cited. The agency reports (when used at all) should be considered as essentially equivalent to personal communications.

Whenever possible, the investigator will endeavor to use the same report as a partial fulfillment of his contractual obligations and as a report to the scientific public, even though the purpose of the two communications is different. In one case he is addressing himself to the agency which provides financial support for his work (and to technical personnel outside the agency to whom the reports are sent automatically, the list of recipients being out of the investigator's control and frequently unknown to him). In the other case he is making his work public property, accessible (in theory at least) to all, throughout the international scientific community. While I sympathize with the editors' plight as far as space in the journals is concerned, it would be a dangerous and potentially disastrous policy to reject a paper submitted to a journal on account of it having been previously published as a military technical report.

The strength of American science is in the wide dissemination of research results, with a continuity and accessibility guaranteed by ample professional publication media. In spite of the pressure of the times and an undeniable necessity for a system of clearance and classification of military and contract reports, the free flow of scientific communication must remain the goal.

JOSEF BROŽEK
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Comment on Professional Development

Reading the report of the 1954 meeting in regard to comments on "Professional Development," I was struck by the reported inability of the APA and CSPA Committees on legislation to agree.

May I offer a few hypotheses as to why? A trend evident to me for several years on the national APA level seems to have reached a culmination by which the academician clinical "Professors" have finally, in their own minds, achieved a "fundamental truism" that no one (with the exception of old timers achieving the seal of good ABEPPIsm) can possibly be a real, a true, a bona fide clinical psychologist and function as such unless he has mastered their curriculum culminating with the PhD, which at least presumes a good research man.

I hypothesize that this "self-evident truth" is easier to sell to others on the national level, despite lack of crucial experiments to demonstrate its validity, since these other "wheels" hold similar beliefs (as tried and true PhD's) in their fields of teaching, experimental, social, etc.; but NOT so easy to sell to CSPA representatives who are more directly in contact with large numbers of non-PhD clinicians (heresy to be sure) at the State level where their voices may be more plainly heard than in the rarified atmosphere of planning board meetings in Washington.

It would appear that non-PhD's, just as competent PhD's, resent being placed in a subordinate, ancillary (technician) status to the MD psychiatrists, resent attempts from the top of APA society to place them in similar status to the PhD. It is THIS opposition—based on a mixture of professional pride, economic considerations, social awareness of society's needs for service before titles, and many others (among which hostility is present)—that is creating the stumbling block to enacting or codifying this professorial dogma in state legislation.

May I quote from Dr. Robert Watson's paper "Psychology as a Profession" (published by Doubleday): "It may be unreasonable and even petty, but it is understandable that PhD psychologists might consider that MA psychologists lower the dignity of the profession." Understandable, yes, but "understandable"

should not be given the dignity of "acceptable" through legislation!

I have had the experience several times, in civil-service competition for clinical positions, of placing below some PhD's but above others. By failing to surpass me did these unfortunates lower the dignity of the profession? Does it mean that by surpassing them they require protection from me (and others like me who exceed some theorized norm regarding our "limited" capabilities) through legislation to keep us, under penalty of law, *in our place*?

Tragically, democratic process and rights seem under attack in many of our institutions and organizations today. May I suggest that both in the interest of democracy and a more valid opinion we poll more of the clinical workers in the field, regardless of degree, or even APA membership, rather than the "select" vested interests who have "arrived."

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Citing References Accurately

"Accuracy in citations is of major importance." So says the Council of Editors of the American Psychological Association (1, p. 43). How accurately do psychologists cite references? This note deals with this question.

In the course of a major writing project in psychology in which I was engaged for several years, I discovered a number of inaccuracies in citation. Here are some of them:

Robinson (7, p. 26) refers to Austin (2) as McAustin.

Crafts *et al.* spell the name of Thurston the magician like that of Thurstone the psychologist (4, p. 1).

They cite the source of Fendrick's article on music and distraction (5) as volume 3 rather than volume 31 (4, p. 242, n. 1).

Ruch spelled it Buttenwieser in the first two editions of his textbook (8, p. 390; 9, p. 583) but has not spelled it that way in the last two (10, p. 582; 11, p. 329).

Psychological Abstracts (vol. 10, abstract 2874) turns "preparatory set" from the title of Siipola's monograph (14) into "preparatory sets."

Is it Catharine or Catherine (Cox Miles)? It is the former for the 1948 and 1953 APA directories but the latter for the 1949 and 1951 directories. It is the former in the preface to *Studies in Personality* (6, p. vii) but the latter in the table of contents (6, p. x).

Although the APA *Publication Manual* instructs writers to designate the first names of female authors (1, p. 44), rarely have I seen the designations *Bluma Zeigarnik, Cecile Goodman, or Elsa Siipola*.

Woodworth and Marquis (15, Fig. 68, p. 297) document a growth graph with a reference to Shuttleworth 1937 (12); it should be Shuttleworth 1939 (13).

These are miscellaneous errors discovered in an incidental manner. It occurred to me that it might be worth while to make a systematic investigation of the accuracy of citation in psychological writings. Clark's list (3, Table 3, p. 119) of psychologists cited most frequently in four leading psychological journals suggested to me a convenient way of making this systematic study. I would examine the multiple references to a single work to see whether any discrepancies existed among them. This would obviate the embarrassing necessity of setting myself up as the arbiter of correctness. I would need only to assume, as we all assumed during the Senate hearings, that where there is a discrepancy with regard to the same matter, some one is in error.

Table 1 exhibits the results of the examination of these multiple references. Out of Clark's list I chose the five psychologists to whom reference was made with greatest frequency in each of three APA journals during the years 1949-1952 inclusive.

As we see, the number of references to the writings of the fifteen psychologists is 892. Of these, a total of 771 were duplicating, referring to a total of 138 publications. Of these 138 sets of duplicating references, a total of 103, or 74.1 per cent, embodied some discrepancies. The percentages of discrepancy ranged from 45 per cent to 100 per cent.

Not all the discrepancies were serious. Some differed only in the manner of citing the publisher. Whether the publisher is listed as Holt, Henry Holt, or Henry Holt & Co. is obviously of no great moment. I considered nonserious the following classes of discrepancy:

First name of author in full vs. initials.

Main title of work plus subtitle vs. main title alone.

Variations in punctuation where the sense was not affected.

Full name of publisher vs. abridged.

Variations in use of ampersand, italics, capitals.

I considered serious the following discrepancies:

Variations in name of author, including initials but not including correct spelling of first name.

Variations in title of publication (excluding variations in use of articles), in date of publication, volume number of journals, page numbers, and chapter numbers (where the reference is made to a specific chapter by a certain author).

Using these criteria, I found, as the table indicates, that 53.4 per cent of the sets in which discrepancies occurred embodied serious discrepancies.

In summary, a tabulation of duplicating references for 15 psychologists referred to most frequently in three APA journals has revealed that discrepancies among the citations appear in about three-fourths of the sets of references. Better than half of the discrep-

TABLE 1
DISCREPANCIES IN REFERENCES TO 15 PSYCHOLOGISTS

Author	No. of Ref. to Author	No. of Duplicating Ref.	No. of Publications to Which Duplicating Ref. Refer	No. of Sets of Ref. with Discrepancies	Percentage of Discrepancy	No. of Sets with Serious Discrepancies	Percentage of Serious Discrepancy
Allport	39	31	6	5	83	3	60
Bruner	58	53	9	9	100	4	44
Flesch	31	27	5	4	80	1	25
Frenkel-Brunswik	35	31	5	5	100	5	100
Freud	44	23	9	7	78	4	57
Guilford	37	31	6	6	100	4	67
Hilgard	69	62	11	7	64	4	57
Hovland	75	71	14	14	100	7	50
Hull	195	180	20	10	50	6	60
Lawshe	51	45	9	8	89	7	88
Lewin	39	34	9	8	89	1	12
Miller	62	55	11	5	45	0	0
Spence	87	79	16	9	56	6	67
Strong	38	30	3	2	67	0	0
Thurstone	32	19	5	4	80	2	50
Total	892	771	138	103	74.1	54	53.4

ant sets contain serious discrepancies. Hence, accuracy of citation in psychological journals can be increased.

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Across the Secretary's Desk

The New Journal: *Contemporary Psychology*

For the first time since 1946, when it launched the *American Psychologist*, APA is starting a new journal. The journal will be devoted primarily to review of psychological books but, in the thinking of the Publications Board and Board of Directors, it should be structured and chartered so that it may include, as the *Zeitgeist* changes and new needs evolve, other kinds of content. Its title was a final distillation from the attempt to clothe the journal in something more semantically revealing than a tent and less inhibiting than a strait-jacket.

APA members have talked for two years about starting a new journal for book reviews. The idea originated in the Publications Board. The Board poked the idea around for an hour or two at one meeting, expressed a general interest and asked the Central Office to collect some facts, financial and otherwise. There was something appealing in the notion that psychologists could find in one place a critical and a relatively current assessment of all psychological books. And many liked the idea of presenting to outsiders—to libraries, to colleagues in other disciplines, and perhaps to interested laymen—a convenient exposure to our new books.

At a second meeting, furnished with some basis for estimating income and expense, the PB found itself still liking the proposed venture. A poll of a sample of APA members revealed much approval and little dissent. A concrete proposition was put to the Council of Representatives in September 1954. The Council voted yea and told the PB to get about the business of creating the journal; to secure, through regular processes, a good editor and to whip the Central Office into doing the necessary administrative chores. An editor—E. G. Boring—was elected by Council during the Spring of 1955 and by May, PB, with the approval of the Board of Directors, had set down general lines within which the new journal would attempt to live. It will contain an annual 384 pages, including advertising, will appear monthly, will contain reviews of books and of films, will, with Council approval, be sold to outside subscribers for \$8 a year and to APA members of \$4, and will be a whomping success, both scientifically and financially.

Book reviews will no longer be published in the *Psychological Bulletin*, *Journal of Abnormal and Social Psychology*, *Journal of Applied Psychology*, or the *Journal of Consulting Psychology*, though the latter will continue to review tests.

The new editor has selected his film editor (Adolph Manoil) and an extensive list of consulting editors. In consultation with Lorraine Bouthilet, the APA managing editor, he has made decisions about dimensions, format, cover, margins, type size and font, and paper. He has organized his office for the flow of books and of reviews and has worked out a system of signals with the Central Office editorial process. Things are humming. Perhaps the best way to give APA members a feel for the new journal is to quote from the editor's statement of his intentions and plans. In the Spring of 1955, Professor Boring held the following view of the journal:

"The policy of this new journal will be to publish as promptly as possible critical reviews of current books, reviews that are of scholarly value and literary merit. In the main, reviewers will not be expected to abstract the content of a book, but rather to indicate the nature of its material in their critical allusions and their value judgments. They will concern themselves more with the significance of the book than with the cataloging of such small defects as could better be communicated to the author or publisher by letter. Instead the review would attempt to answer such questions as: What is the nature and value of this book? How well and in what way does it fit into the contemporaneous psychological scene? What was the author's purpose? How well has he realized it? Does the result justify the purpose?

"Since value judgments are never wholly rational, it becomes difficult in the securing of book reviews to avoid adventitious bias. The editor intends to promote justice by consulting with able consultants in his selections of books to be reviewed and in his selection of reviewers, and also, in the case of a very important book, by securing more than one critique by reviewers of contrasting bias. In all such matters he solicits the constant advice of American psychologists.

"It is the American psychologists who constitute the principal audience for these reviews, which should be interesting and intelligible to clinical psychologists who wish to know what is going on in experimental and in social psychology, to experimental psychologists seeking information of activities outside their own particular domain, and, in general, to all members of the American Psychological Association who are intellectually concerned with the total progress of psychology both within and without their special fields. Such reviews should also be of consequence to psychiatrists, social scientists, biological scientists, and many other intellectually interested persons who do not count themselves to be psychologists.

"It is intended to incorporate in the new journal a special department in which current psychological films will be described and commented upon.

"The business of science is research, but research alone does not make a science. The findings of research have to be published, first ordinarily in articles, and then, as new results begin to be assimilated into the body of science, in books. *A science is its books*, if by science you mean, not institutionalized research activity, but the accepted body of fact and theory for any given historically fixed period. The purpose of *Contemporary Psychology* is to make this last phase, the book phase of psychology at any present time, actual and alive to its readers. The editor proposes to publish an informal column of facts about contemporary books in psychology, forthcoming books, recent books, successful books, the current news of psychology's special book mart. The cooperation of authors, born or unborn, and of the obstetricians, their publishers, is solicited in obtaining information of general interest for this column.

"And, of course, there must be a letters-to-the-editor department. Perhaps the time has come when an author's riposte to his reviewer's thrust is accounted respectable or even encouraged, provided it is a riposte and not a fusillade.

"Doubtless when this fetal journal is itself actually born and begins to pass through its infancy toward childhood and adolescence, its policies and nature will change and mature in accordance with the reception which it meets in its world. These paragraphs constitute the editor's pediatric prognosis. With it the later reality can presently be compared."

Readings, Royalties, and Righteousness

For some years there has been discussion in APA of the rights and wrongs of charging publishers and others for the reproduction of materials from APA journals. Some people have taken the stand that APA's proper business is the free and widespread dissemination of scientific literature; in minding this business it should be happy to have almost anyone anywhere reproduce almost anything from any of its journals. Others, while agreeing in principle to the missionary position, have said that it is also APA's business to achieve financial survival so that its missionary work can continue and maybe even expand. Besides, they say, there is something strange—and maybe a little immoral—about an arrangement whereby a scientific paper, published at the expense of 13,500 psychologists, should be reproduced somewhere to the profit of a publisher or an individual editor. Maybe even the author himself should share his royalties, if any, with the co-owners of the enterprise that originally published and copyrighted his article.

Currently in the APA governmental mill is a concrete proposal that reproduction rights be granted by APA only if the editor and publisher agree to return a portion of royalties either to APA or to the American Psychological Foundation. There has been no action on the proposal.

But, as an illustration of the fact that not all APA members wait for group decision to guide every action, there is reproduced below a refreshingly nonconformist letter recently received, in response to a request, from Arthur P. Coladeci:

"I edited *Educational Psychology: A Book of Readings*, recently published by The Dryden Press. The arrangements were that royalties would be divided among the authors of the 46 articles which I included in that volume. After these arrangements were made, I wrote to each of the contributing authors indicating that although the royalties accruing to any one person would be rather small, the aggregate would be rather substantial, and would make a suitable contribution to the American Psychological Foundation. The proposal of The Dryden Press and myself was that The Dryden Press would divert royalties of cooperating authors to the American Psychological Foundation, in a lump sum and in their names. I have now heard from all but 5 of the 57 contributors, and am happy to tell you that 36 have asked that their royalties be allocated to the Foundation, as proposed. This

was a better reaction than we expected, and should result in a rather considerable sum to the Foundation at royalty-paying time.

"I might add, incidentally, that some of the authors who chose to receive the royalties themselves indicated that they were doing so because their present contributions to the Foundation are adequate in their minds, or because they wish to make contributions to other Foundations or Scholarship Funds."

Relations with Psychiatry: Bulletin 674

After extensive discussions at its Spring meeting, discussions simultaneously involving relations with psychiatry, legislation, and research on mental health, the Board of Directors worked out two motions, one designed to crystallize discussion before and during the September Council meeting, one to serve as the immediate basis for action.

The following motion grows out of the Board's conviction that it should now express its ideas about Relations with Psychiatry so that APA members could react incisively to the issues during the summer and so that Council could react decisively in September:

"In view of the fact that both the Committee on Relations with Psychiatry and the Committee on Legislation, after consultation with many members of the Association, recommend that APA adopt a policy, at least for the time being, in favor of a form of legislation known as mandatory certification; and in view of the fact that the Board firmly endorses the proposals, from the Committee on Relations with Psychiatry and the American Psychiatric Association's Committee on Relations with Psychology, for collaborative research and for increased interprofessional communication, the Board voted that the following resolution be presented for adoption by the APA Council of Representatives at its meeting in September 1955:

1. It is the best judgment of the Council of Representatives of the American Psychological Association

a. that a form of legislation known as mandatory certification, legislation not containing a definition of psychology, is at present the preferable form of legislation for psychologists;

b. that each such bill should include a disclaimer clause stating that no right to practice medicine is conferred;

c. that individual state associations should be encouraged to seek such legislation as described in

a and *b* when they feel that some form of legislation is needed in the public interest;

d. that any state association feeling it necessary to seek legislation not in agreement with *a* and *b* above do so only in consultation with state medical and psychiatric groups;

e. that the Committee on Relations with Psychiatry be given encouragement and facilitation in plans for collaboration, in research and communicative activities, with the American Psychiatric Association's Committee on Relations with Psychology; and

f. that any change in the policies set down above be brought about only after consultation with or notification of the American Psychiatric Association."

On a somewhat different plane, the following May motion of the Board also bears on Relations with Psychiatry. In response to a request from representatives of the American Medical Association and the American Psychiatric Association that we, along with two or three other organizations, name a representative to serve as a member of a small central Board of a Commission, separately incorporated and committed to the conduct of large-scale surveys of the relevance of the nation's mental health problem, the Board passed the following action:

"In accordance with a request from the Joint Commission on Mental Illness and Health, the Board appoints Nicholas Hobbs as representative of the American Psychological Association to the Commission. The Board believes that the Commission has an opportunity to make an important contribution to knowledge and is pleased to have the APA participate in its activities. The Board instructed its representative to give every assistance in defining a research approach to the problems of the Commission, and, if desired by the Commission, to offer to request other psychologists to advise on problems of research design. At present it is not clear whether the plans of the Commission will develop in such a way that the representative of the APA can be of substantial assistance in carrying them out. For this reason the Board has instructed the APA representative to report back when more mature plans for the work of the Commission have been evolved in order that the Board may determine whether the APA should continue its affiliation with the Commission."

FILLMORE H. SANFORD

Psychological Notes and News

Madison Bentley died May 30, 1955 at the age of 85.

Edward S. Cowles, New York City, died on November 16, 1954.

Noel B. Cuff, Richmond, Kentucky, died on December 12, 1954.

Georg von Békésy of the Psycho-Acoustic Laboratory, Harvard University, was the recipient of the 1955 Howard Crosby Warren Medal for Outstanding Research in Psychology. The award was made at the annual meeting of the Society of Experimental Psychologists, held at Brown University on April 6, 1955. The citation reads: "The Howard Crosby Warren Medal is awarded to Georg von Békésy for a program of research, imaginatively conceived and rigorously executed, that has made an outstanding contribution to the psychology of hearing."

E. Lowell Kelly has been awarded an honorary doctor of science degree by Purdue University.

Ralph Gerbrands of the Harvard Psychological Laboratories has completed twenty-five years of service as instrument maker to psychology. To mark this silver anniversary he was presented with a bound volume of letters from more than four score of his friends and pupils throughout the nation.

Donald W. Taylor, presently associate professor of psychology at Stanford University, has accepted appointment as professor at Yale University. His primary activity will be in the department of industrial administration, but he will also share in the activities of the department of psychology.

Lee J. Cronbach has been appointed psychologist with the Office of Naval Research, London Branch. He has been granted a leave of absence from the University of Illinois until September 1956. His duty in London will be to facilitate communication between American and European psychologists with common interests.

Ralf A. Peckham has been appointed state director of the Michigan Office of Vocational Rehabilitation.

Harold S. Zamansky has been appointed research associate in the School of Public Health, Harvard University, for one year starting July 1, 1955. He will serve as chief psychologist in the pilot study in Rehabilitation and Rehabilitation Personnel, a research program sponsored by the National Institute of Mental Health, at the Boston State Hospital.

Kenneth E. Larzelere, formerly assistant psychologist at the State Prison of Southern Michigan, has joined the staff of the psychology section at General Motors Institute.

Loratius L. McKenzie, Jr. has been appointed Psychologist I (Clinical) at the Wayne County General Hospital and Infirmary in Eloise, Michigan.

George D. Lovell, professor of psychology and director of counseling at Grinnell College, has resigned to accept a position as chairman of the psychology department and psychological consultant in a program of educational and personal development for young men in business and industry, at Wabash College, effective July 1.

Aaron L. Rubin, formerly of the laboratory of psychological studies of Stevens Institute, Hoboken, New Jersey, is now the personnel director of the Rayco Auto Seat Cover Sales Corporation. **Judah I. Gottesman**, formerly management engineer with the Navy Department, is currently the assistant personnel director of the Rayco Auto Seat Cover Sales Corporation.

Horace B. English, Ohio State University, has been given the status of research professor to devote full time during the fall quarter, 1955, to editing the *Dictionary of Psychological Terms*.

Donald E. Super, of Teachers College, Columbia University, is spending the months of June and July in Europe. He will visit the National Institute for the Study of Work and for Vocational Guidance in Paris, together with other centers and laboratories of applied psychology in that area. During the week of July 17 to 23, he will attend the International Congress of Applied Psychology in London, England, where he will read a paper on the work being done by the Career Pattern Study

on the concept and measurement of vocational maturity, and chair a symposium on "The Classification of Occupations for Vocational Guidance Purposes."

Harold Michal-Smith, chief clinical psychologist of New York Medical College, Flower and Fifth Avenue Hospitals, New York City, has been appointed consultant in child play activities to the Ideal Toy Corporation.

Harold E. McNeely has recently been appointed as a clinical psychologist at the Maricopa Child Guidance Clinic of Phoenix, Arizona.

Don L. Winfield has been appointed instructor in psychophysiology and director of the psychophysiological laboratory, department of neurology and psychiatry, University of Tennessee Medical School, Memphis, Tennessee.

In the department of psychology at **Bowling Green State University**, Benjamin G. Rosenberg, postdoctoral fellow in clinical psychology, University of California, Berkeley, has been appointed an assistant professor, and Richard L. Crager, an intern instructor.

Michael Wertheimer has accepted the position of assistant professor of psychology at the University of Colorado, effective September 1, 1955.

Douglas M. McNair and **Robert Penn** have recently been appointed assistant professors in the department of psychology at the Woman's College of the University of North Carolina.

Charles A. Peachee, Jr. has recently joined the staff of the Westbrook Sanatorium, Richmond, Virginia.

Herbert M. Gelles has been appointed school psychologist in the Tenafly School System and Cresskill School System on a part-time basis. In September, he will start as the first full-time school psychologist for the Hackensack School System in New Jersey.

Emanuel K. Schwartz has been appointed assistant dean of the Postgraduate Center for Psychotherapy in New York City.

Theodore C. Kahn has transferred from the department of clinical psychology, School of Aviation Medicine, Randolph Air Force Base, Texas, to

assume the duty of chief psychologist at the Neuro-psychiatric Service and Mental Hygiene Clinic of the 2750th USAF Hospital, Wright-Patterson Air Force Base, Ohio.

Warren J. Wittreich has recently joined the Armstrong Cork Company, Lancaster, Pennsylvania as a personnel research assistant.

Edward Glaser & Associates have announced the addition of **Phillip A. Goodwin** in Los Angeles and **Patrick L. Sullivan** in Oakland as part-time associates. Dr. Goodwin is chief psychologist at the USVA General Medical and Surgical Hospital in West Los Angeles and Dr. Sullivan is chief clinical psychologist, VA Mental Hygiene Clinic, in Oakland.

Harold Geist will be visiting professor of psychology at the University of Puerto Rico this summer.

VA DEPARTMENT OF MEDICINE AND SURGERY
ANNOUNCEMENTS

Clinical Psychology

Edward C. Beck, a graduate of the VA Training Program, University of Utah, has been appointed to the staff of VA Hospital, Salt Lake City, Utah.

Richard E. Covault, a graduate of the VA Training Program, University of Nebraska, has been appointed to the staff of VA Hospital, Downey, Illinois.

Edward G. Kuekes, a graduate of the VA Training Program, University of Texas, has been appointed to the staff of VA Regional Office, San Antonio, Texas.

Leslie Navran has transferred from the staff of VA Hospital, American Lake, Washington, to VA Hospital, Sepulveda, California.

Henry Oppenheim, a graduate of the VA Training Program, University of Kentucky, has been appointed to the staff of VA Regional Office, Cincinnati, Ohio.

Aldo Santorum, a graduate of the VA Training Program, Catholic University, has been appointed to the staff of VA Center, Martinsburg, West Virginia.

Bertram H. Schneider, a graduate of the VA Training Program, Michigan State University, has been appointed to the staff of VA Hospital, Pittsburgh, Pennsylvania.

Edward W. Stockbower has resigned from the staff of VA Regional Office, Baltimore, Maryland.

Carl N. Zimet, a graduate of the VA Training Program, Stanford University, has been appointed to the staff of VA Hospital, Albany, New York.

Counseling Psychology

Albert R. Hahn has transferred from VAH, Montrose, New York, to VAH, Madison, Wisconsin, as Chief of the Vocational Counseling Service.

Bernard H. Light has accepted a position with the VAH, Jefferson Barracks, Missouri, as Chief, Vocational Counseling Service. Dr. Light was formerly associate professor at the University of West Virginia.

At the department of psychology, **Brooklyn College** there will be the following staff changes in 1955-1956: Wayne Dennis will be on special leave of absence to serve as visiting professor at the American University in Beirut, Lebanon. Edward Girden will be acting chairman of the department during the year of Dr. Dennis' absence. Austin Wood and Elizabeth Fehrer will be on sabbatical leave. David Raab, who has been on leave as a USPHS Fellow for the past year, will return to the department. New appointees will include William Ittelson, John B. Miner, Leah Ann Grøen, Carl B. Zuckerman, Barbara Brown, and Paul A. Kolers.

The department of psychology at **Louisiana State University** announces the following staff for 1955-1956: Irwin A. Berg, professor and chairman; Thomas W. Richards, professor; Paul C. Young, professor; Bernard M. Bass, associate professor and project director (ONR); Graham B. Bell, associate professor; M. Ray Loree, associate professor; Eugene L. Gaier, assistant professor; Clyde E. Noble, assistant professor and principal investigator (NSF); Ruth Hamill Preston, assistant professor; Henry D. Shanklin, assistant professor; and Robert Thompson, assistant professor. The department currently holds an ONR contract on leadership and an NSF grant for human learning. A workshop will be given this summer in Problems on Mental Retardation, by G. Orville Johnson of Syracuse University.

The System Training Project at The RAND Corporation is developing and installing an operational system training program for the Air Defense Command of the United States Air Force. As of April 25 the staff of the project included the fol-

lowing list of professional personnel, all of whom are psychologists except as noted: Co-Directors, W. C. Biel and M. O. Kappler (electronics engineer); Simulation Group, W. C. Schaefer and W. H. McGlothlin; Problem Production Group, E. B. Gardner; School and Training Aids Group, R. S. Hirsch; Field Operations and Development Groups, T. Oxtoby, R. Boguslaw (sociologist), J. R. Davis, H. E. Dawson, D. J. Chesler, L. M. Eger, F. L. Greer, G. H. Johnson, N. F. Kristy, G. E. Miller, R. B. Parks, F. N. Marzocco, G. F. Rabideau, J. G. Smith, E. A. Waller, D. S. Werner, and B. R. Wolin; Research and Analysis Group, L. T. Alexander and M. S. Rogers; Electronics Group, S. Bertram (physicist). There also is an Air Defense Command Task Group with four military members assigned to The RAND Corporation. In addition to the above staff there is a supporting staff of 95 persons comprised of junior professional personnel, programmers, computing machine operators, secretaries, clerks, and service personnel. On March 7 the project moved into new facilities totaling 30,000 square feet of floor space located at 1905-11 Armacost Avenue, West Los Angeles, California.

The department of psychology of **Southeast Louisiana Hospital**, Mandeville, Louisiana announces the following appointments for 1955-1956: The following are fellows in clinical psychology: Thomas W. Butcher, Level I; Harrison R. Palmer and Alan Long, Level II; and Clifford Brackenridge, Level III. Nicholas P. Dellis has been appointed the first postdoctoral fellow in clinical psychology and Mary M. Lystad has been appointed the first postdoctoral fellow in social psychology. Charles W. Whatley is a Level III fellow in sociology. Herbert K. Stone, a recent graduate of the Adelphi University clinical program, has been appointed to the staff of the hospital.

In the May issue of the *American Psychologist* it was stated that John V. Quaranta is the head of the department of psychology at Marymount College, Tarrytown and New York City. While Dr. Quaranta is department head at Marymount College, Tarrytown, the chairman at New York City is Mother M. Edmund, R.S.H.M.

Olin W. Smith, research associate in the department of psychology at Cornell University, has

been awarded a fellowship by the Belgium American Educational Foundation for the academic year 1955-1956 for study at the University of Louvain. While there, he will collaborate with A. Michotte van den Berck in research on problems of the visual perceptions of space and motion which determine motor behavior.

W. Edgar Vinacke of the University of Hawaii has been awarded a grant for study during the academic year 1955-1956 by the Ford Foundation for the Advancement of Education. He plans to study politics from the social-psychological point of view and will spend most of the year in Princeton, New Jersey.

Daniel J. Levinson has been awarded a Mental Health Career Investigator Grant by the National Institute of Mental Health for a sociopsychological study of hospitalized mentally ill.

Loyola University's graduate school has received grants totaling \$20,000 from the Rockefeller Foundation, Swift & Company, and the A. F. of L. Amalgamated Meat Cutters Union for a research study on human relations in the meat-packing industry. Theodore V. Purcell, S.J. is directing the project with a staff of seven assistants from Loyola's psychology, economics, and management departments, and the university's Institute of Social and Industrial Relations.

The National Science Foundation has recently awarded the following research grants:

E. James Archer, University of Wisconsin. \$7,800 for a 2-year study of "Information Transmission and the Identification of Concepts."

John E. Bardach, University of Michigan. \$14,000 for a 2-year study of "Behavior of Reef Fishes."

Lloyd M. Beidler, Florida State University. \$9,900 for a 2-year study of "Research on Chemosensation."

Jan H. Bruell and George W. Albee, Western Reserve University. \$14,600 for a 2-year study of "Influence of Motor Events on Visual Perception."

Mary E. Collins and Ruth C. Wylie, Sarah Lawrence College. \$7,000 for a 2-year study of "Research and Training in Experimental Psychology."

Jack E. Conklin, Montana State College. \$7,300 for a 2-year study of "Studies of Apparent Movement."

David Ehrenfreund, Washington State College. \$6,900 for a 1-year study of "Research on Motivation."

Howard E. Evans, Cornell University. \$7,200 for a 2-year study of "Behavior Patterns of Solitary Hymenoptera."

Frank W. Finger and L. Starling Reid, University of Virginia. \$15,500 for a 3-year study of "Research on Induced Drive States."

Irving Y. Fishman, Grinnell College. \$6,800 for a 2-year study of "Research on Chemoreceptors."

Ernest Furchtgott, University of Tennessee. \$2,000 for a 1-year study of "Magnitude of Reward and Acquisition."

Arnold A. Gerall, University of Rochester. \$6,600 for a 1-year study of "Conditioning of the Pupillary Response."

Eleanor J. Gibson and Richard D. Walk, Cornell University. \$13,000 for a 2-year study of "Development of Visual Perception."

Herbert Jasper and D. O. Hebb, McGill University. \$16,700 for a 2-year study of "Neurophysiological Studies."

W. N. Kellogg, Florida State University. \$5,600 for a 1-year study of "Echolocation in the Dolphin."

Wolfgang Köhler, Swarthmore College. \$26,600 for a 3-year study of "Problems in Gestalt Psychology."

Frank A. Logan, Yale University. \$15,500 for a 2-year study of "Conditions of Reinforcement."

Ernst Mayr, Harvard University. \$11,500 for a 2-year study of "Research on the Behavior of Neotropical Laridae."

Max Meenes, Howard University. \$12,100 for a 2-year study of "Research and Training in Experimental Psychology."

Henry W. Nissen, Yerkes Laboratories of Primate Biology. \$120,000 for the 3-year basic research program of the Yerkes Laboratories of Primate Biology.

Charles C. Perkins, Jr., Kent State University. \$10,000 for a 2-year study of "Stimulus Generalization."

Carl Pfaffmann, Brown University. \$4,800 for a 1-year study of "Behavioral Study of Odor Discrimination."

N. H. Pronko, University of Wichita. \$10,000 for a 2-year study of "Research and Training in Experimental Psychology."

T. C. Schneirla, American Museum of Natural

History. \$8,900 for a 1-year study of "Behavior Patterns in Lower Mammals."

Robert R. Sears, Stanford University. \$3,900 for a 1-year study of "Analysis of Motivation Measures."

John P. Seward, University of California, Los Angeles. \$9,300 for a 2-year study of "Research on Drive-Reward Interaction."

B. F. Skinner, Harvard University. \$32,000 for a 2-year study of "Research on Reinforcement Schedules."

Roger W. Sperry, California Institute of Technology. \$31,000 for a 2-year study of "Neural Mechanisms of Behavior."

Merrell E. Thompson, University of Arkansas. \$8,400 for a 2-year study of "Stimulus Generalization and Inhibition."

Edward L. Walker, University of Michigan. \$7,000 for a 1-year study of "Comparison of Conditioning Techniques."

Wayne University has established a PhD program in psychology, to start in September, 1955. The specialty fields in which work will be available are general-theoretical, clinical, social, and industrial psychology. The faculty for the PhD program includes members of the University faculty in the departments of psychology, educational and clinical psychology, sociology, management, and psychiatry.

The Committee for the Scientific Study of Religion will meet at Harvard University, November 5, 1955. Persons wishing to propose papers to be read should send an abstract to Dr. R. V. McCann, Program Committee Chairman, Andover Hall, Cambridge 38, Massachusetts, by September 1.

Homer L. J. Carter, director, Psycho-Educational Clinic, and Dorothy J. McGinnis, both of Western Michigan College of Education, conducted a two-day workshop on the prevention of reading difficulties at the Oak Ridge (Tennessee) schools on May 13 and 14, 1955.

The Second World Congress of the Deaf will be held in Zagreb, Yugoslavia on August 23-27. Detailed information may be obtained from the Secretary, Organizing Committee, Savez gluvih, Palmotićeva 4, Zagreb, Yugoslavia.

Officers of the Missouri Psychological Association for 1955-1956 are: W. S. Phillips, presi-

dent; M. H. Marx, president-elect; Philip DuBois, past president; Robert S. Daniel, secretary-treasurer. Representatives to CSPA are Fred McKinney and Ivan Mensh. Able Ossorio is the new chairman of the committee on legislation and Adolph Manoil is the new editor of the association newsletter.

New officers of the **Greater Kansas City Psychological Association** for 1955-1956 are: Robert G. Neel, president; George Shoemaker, vice-president; and Barbara N. Mills, secretary-treasurer. The Greater Kansas City Psychological Association is forming several panels to discuss pertinent mental health subjects for TV and platform programs as a community project next year. These programs will be scheduled by the speakers bureau of the Kansas City Mental Hygiene Society.

The new officers of the **Washington State Psychological Association** are: Sidney W. Bijou, president; Moncrieff H. Smith, president-elect; Mary J. Kientzle, secretary-treasurer.

The **Harris County (Houston, Texas) Psychological Association** has elected the following officers for the coming year: Robert C. Nichols, president; John I. Wheeler, secretary-treasurer; Gerald A. Reynolds, editor of the newsletter.

The **Nebraska Psychological Association**, at its semi-annual meeting held May 14, 1955, elected the following members to its Executive Council: Herbert H. Humphreys, president; William J. Arnold, president-elect; Boyd D. Sisson, secretary-treasurer; Marshall R. Jones, delegate to CSPA; J. Lewis Yager, Council representative.

The **New Jersey Psychological Association** has elected the following officers for the coming year: Louis Delman, president; Merrill Hollinshead, first vice-president; Kirk Seaton, second vice-president; Mildred Treverton, secretary; Margaret Moldaschl, treasurer.

The **Nassau County Psychological Association** held its last meeting of the 1954-1955 season on May 18 at Hofstra College, Hempstead. The organization, which is three years old, now has 115 members. The following officers were elected: Katherine D'Evelyn, president; Julia Vane, president-elect; Verda Wentling, corresponding secretary; Martin Jacobs, recording secretary; Harold Yuker, treasurer.

Convention Calendar

American Psychological Association: September 1-7, 1955; San Francisco, California

For information write to:

Dr. Fillmore H. Sanford
1333 Sixteenth Street N.W.
Washington 6, D. C.

Association Internationale de Psychotechnique: July 18-23, 1955; London, England

For information write to:

Dr. C. B. Frisby
14 Welbeck Street
London W. 1, England

Society for the Study of Social Problems: August 30-September 2, 1955; Washington, D. C.

For information write to:

Mr. Byron L. Fox
105 Maxwell
Syracuse University
Syracuse 10, New York

American Sociological Society: August 31-September 2, 1955; Washington, D. C.

For information write to:

Miss Matilda White Riley, Executive Officer
American Sociological Society
New York University
Washington Square
New York 3, New York

American Society of Human Genetics: September 5-8, 1955; East Lansing, Michigan

For information write to:

Professor D. C. Rife
The Institute of Genetics
The Ohio State University
Columbus 10, Ohio

Optical Society of America: October 6-8, 1955; Pittsburgh, Pennsylvania

For information write to:

Professor Arthur C. Hardy
Room 8-203
Massachusetts Institute of Technology
Cambridge 39, Massachusetts

National Association for Nursery Education: October 19-22, 1955; Boston, Massachusetts

For information write to:

NANE Conference 1955
c/o Nursery Training School of Boston
177 College Avenue
Tufts College
Medford, Massachusetts

American Occupational Therapy Association: October 22-28, 1955; San Francisco, California

For information write to:

Mrs. Frances L. Shuff
American Occupational Therapy Association
33 West 42nd Street
New York 16, New York

Gerontological Society: October 27-29, 1955; Baltimore, Maryland

For information write to:

Dr. N. W. Shock
Baltimore City Hospitals
Baltimore 24, Maryland

American Speech and Hearing Association: November 17-18, 1955; Los Angeles, California

For information write to:

Dr. James Carroll
Speech and Hearing Clinic
University of Washington
Seattle, Washington

American Anthropological Association: November 17-19, 1955; Boston, Massachusetts

For information write to:

Dr. William S. Godfrey, Jr.
American Anthropological Association
Logan Museum
Beloit College
Beloit, Wisconsin

National Society for Crippled Children and Adults: November 27-30, 1955; Chicago, Illinois

For information write to:

Miss Jane Shover
National Society for Crippled Children and Adults, Inc.
11 South La Salle Street
Chicago, Illinois

American Vocational Association: December 5-9, 1955; Atlantic City, New Jersey

For information write to:

Mr. A. Lowell Burkett
American Vocational Association
1010 Vermont Avenue N.W.
Washington 5, D. C.

American Association for the Advancement of Science: December 26-31, 1955; Atlanta, Georgia

For information write to:

Dr. Raymond L. Taylor
American Association for the Advancement of Science
1025 Connecticut Avenue N.W.
Washington 6, D. C.

American Statistical Association: December 27-30, 1955; New York City

For information write to:

Mr. Samuel Weiss
1108 Sixteenth Street N.W.
Washington, D. C.

==The Dryden Press==

NEW BOOKS:

Psychology

By DELOS D. WICKENS and DONALD R. MEYER

Written at the student's own level, this new text uses his experiences and observations as graphic demonstrations of psychological principles. Many of the student's problems of personal adjustment reappear in a firm context of psychological theory.

The scientific method in psychology gets far more than the usual lip service. Throughout the text, the student is reminded of the how's and why's of experimental design. In describing an experiment, the authors almost always explain the thinking that underlies its aims and its techniques.

In the more than 100 two-color illustrations, color is used in two ways: In the physiological and other

representational drawings it delineates key areas. In the graphs and charts, it points up the data so that the student can readily understand their significance.

The lucidity of the authors' prose, which is happily free of technical jargon, leads the student to an easy understanding rather than to an uneasy verbalism.

The TEACHER'S MANUAL contains more than 1000 discussion questions as well as a rich bibliography. The STUDENT WORKBOOK provides self-test items and discussions which require the student to apply to new situations the principles he has learned in the text. 552 pp., illus., list \$5.25

Behavior and Development in Childhood

By ALFRED L. BALDWIN

This distinguished new text focuses upon two main areas: (1) the child's behavior as child, including such processes as motivation, perception, cognition, and others, and (2) the child's development as a growing and changing organism, including the events and processes that will influence his adult personality.

"The Baldwin text is not just a psychology text with the word 'child' substituted for the word 'subject' or 'person,'" writes one of the advance readers. "This book brings children into the psychology family. And a large part of the discussion might well be described as 'the psychology of human socialization.'" 620 pp., illus., list \$6.25

Schools of Psychoanalytic Thought

By RUTH L. MUNROE

This long-awaited work by a noted psychologist is at once an exposition, a critique, and an attempt at integration.

The introductory chapters discuss the concepts held in common by all schools. Then, in five chapters, Dr. Munroe presents the theories of Freud and those Freudians who essentially accept the libido theory. The remaining eight chapters describe the positions of several psychoanalysts who have essen-

tially rejected the libido theory. Each school is examined according to the same general outline.

"The book is written 'from the inside,'" writes Theodore M. Newcomb. "The author has taken the time and the loving care to enter sympathetically into the most subtle aspects of the various viewpoints she examines. It's not just superficially comparative; it really wrestles with the comparative dynamics of the theories and the theory-makers."

Six Approaches to Psychotherapy

Edited by JAMES L. McCARY and DANIEL E. SHEER

How can one counteract the tendency of students to develop a too-limited view of psychotherapy? In this symposium, six authorities present a background to and a description of the therapeutic techniques of the leading recognized approaches.—CONTENTS: Client-Centered Psychotherapy (Nicholas Hobbs),

Hypnotherapy (Lewis Wolberg), Group Psychotherapies (S. R. Slavson), Psychotherapy Based on Psychoanalytic Principles (Norman Reider), Directive and Eclectic Personality Counseling (Frederick Thorne), Psychodrama (J. L. Moreno). The book concludes with an integrative summary.

Have you read Volume IV of

HISTORY OF PSYCHOLOGY IN AUTOBIOGRAPHY?

... if not, read the following excerpts:

My rolltop desk was next to Thorndike's. What a dynamo he was! One day just before noon he glanced at the clock and remarked, "I must give a lecture in five minutes. It would be fifty per cent better if I spent this time in preparation. But let's compute another coefficient of correlation!".

I worked hard at this book [*History of Experimental Psychology*], especially in summers, wondering what Titchener would say to my presumption in aiming at a goal which seemed to need his own erudition. Then Titchener died in 1927 and I felt as released as must have John Stuart Mill when his dominating father died.—EDWIN GARRIGUES BORING

In spite of teaching twenty classes a week I found time to build a crude exposure apparatus, operated by hand, with which to do some preliminary experimental work on the evolution of concepts; those experimental results ultimately found a place in my doctoral dissertation.—CLARK L. HULL

At the age of ten, as soon as I had entered "Latin School," I decided to be more serious. Having seen a partly albino sparrow in a public park, I sent a one-page article to a natural history journal of Neuchatel. It published my lines and I was "launched"!—JEAN PIAGET

We are planning to follow up the 1,215 specially tested children for twenty years (and I have every intention of doing my best to last long enough to see this through. Ninety is quite young nowadays!). They differ from Terman's follow-up group in being a random section of Scotland, covering the whole range of intelligence and hailing from every social level and every country.—GODFREY THOMSON

... Mr. Edison offered me an assistantship in his laboratory. Immediately after being graduated with a mechanical engineer's degree, I went to work in Mr. Edison's laboratory in East Orange. I saw him daily and I had a very good chance to observe his work habits.—L. L. THURSTONE

... it would seem meet to indicate the main sources from which I think my ideas have come. First of all most of the credit, if it be credit, should go to all the students whose ideas I have shamefully and consistently adopted and exploited throughout the years, and ended up by believing to be my own.
—EDWARD CHACE TOLMAN

... and Lewis M. Terman has said of this book, ". . . read it should be, not only by every psychologist but by everyone who plans to be one."

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